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The City & Guilds textbook

Level 3

Diploma in Adult Care

FOR THE LEAD ADULT CARE
WORKER APPRENTICESHIP

| Maria Ferreira Peteiro



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WORKER APPRENTICESHIP

I Maria Ferreiro Peteiro



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www.hoddereducation.co.uk/cityandguilds/adultcareextras

The Knowledge, skills and behaviours tables for each unit can also be found online at:

www.hoddereducation.co.uk/cityandguilds/adultcareextras

About the author and Acknowledgements

About the author

Maria Ferreiro Peteiro commenced her career in Health and Social Care in 1990, living and working in a lay community in France alongside individuals with a range of disabilities and health conditions. Maria's journey continued through a range of services and settings in the UK that included working within and leading provision for young and older adults who have learning disabilities, physical disabilities, dementia, mental health needs, challenging needs and sensory impairments. Having achieved her BA (Hons) in Health and Social Care, Maria embarked on delivering a range of Health and Social Care programmes and qualifications in both college and work-based settings. The experience she gained in work and academic settings led Maria to become a qualified assessor, and internal and external quality assurer. Maria continues to practise in the Social Care field with adults, children and young people, and continues to externally quality assure vocational-based qualifications in Health and Social Care and Children and Young People's Services at Levels 2, 3 and 5.

Author's acknowledgements

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How to use this book

This textbook covers all nine mandatory units for the City & Guilds Level 3 Diploma in Adult Care.

The book refers to Lead Adult Care Workers, and Lead Personal Assistants – this is meant to include those who are not currently in this role, but are working to become leaders. It is therefore for leaders and potential leaders.

Key features of the book

Learning outcomes

By the end of this unit you will:

LO1: Understand principles of safeguarding adults

LO2: Know how to recognise signs of abuse

Learn about what you are going to cover in each unit.

LO1 Understand principles of safeguarding adults

AC 1.1 Explain the term 'safeguarding'

Learning outcomes and assessment criteria are clearly stated and fully mapped to the specification.

Getting started

Think about an occasion you supported an individual to take risk. How did you support the individual to assess the risks involved?

Short activity or discussion to introduce you to the topic.



Key terms

A **whistleblower** is a worker who exposes or reports any information that is deemed or thought to be illegal, unethical, unsafe or not correct.

Understand important terms and concepts.



Reflect on it

7.1 Social media

Reflect on the benefits to individuals with care or support needs of using social networking sites. Do you use social networking sites? If so, why?

Learn to reflect on your own experiences, skills and practice, and develop the skills necessary to become a reflective practitioner.



Research it

4.5 Sickness policy

Research the sickness policy in the setting where you work. Discuss with your manager what types of infections you must report, the reasons why and the procedures for doing so.

Enhance your understanding of topics with research-led activities encouraging you to explore an area in more detail.

Enhance your understanding of topics with research-led activities encouraging you to explore an area in more detail.

Evidence opportunity

1.4 What is harm?

Describe in the form of a one-page information handout how you can ensure that individuals in your care setting are not harmed. Ensure you show your understanding of the term 'harm'.

Test your understanding of the assessment criteria, apply your knowledge and generate evidence.

Dos and don'ts for challenging discrimination and promoting change	
Do	Act straightaway to make it clear that it will not be tolerated.
Do	Support others to act straightaway to make it clear that it is unacceptable.
Do	Report all incidents so that the necessary actions can be taken.

Useful advice and tips for best practice.



6Cs

Compassion

Compassionately discussing a sensitive issue with an individual involves showing that you care about them and how they are feeling.

Understand how each of the 6Cs (care, compassion, competence, communication, courage and commitment) can be applied in each unit.



Case study

8.1, 8.2 Implementing security measures at work

Enzo is a care worker in a nursing home for older adults who have a range of different conditions. During the very busy morning shift Enzo hears the front door bell ring.

Learn about real-life scenarios and think about issues you may face in the workplace.

Knowledge, skills, behaviours	
Knowledge: do you know what to do if you suspect or an individual alleges they are being abused?	
Do you know why it is important to take all suspicions of abuse seriously?	
Do you know the first thing to do after an individual makes a disclosure of abuse to you?	

Test your understanding of some of the knowledge, skills and behaviours you need for each learning outcome. These tables are available online at www.hoddereducation.co.uk/cityandguilds/adultcareextras

Reflective exemplar	
Introduction	I work as a personal assistant providing one-to-one support to Dylan, a young man who has autism.
What happened?	Dylan asked me whether he could get more involved in the review meeting that has been arranged to discuss his support needs.

Explore examples of reflective accounts tailored to the content of the unit and understand how you can write your own accounts.

Suggestions for using the activities	
Assessment criteria and accompanying activities	Suggested assessment methods to show your knowledge/skills
LO1 Understand what is required for competence in your work role	
1.1 Reflect on it (page 80)	Write a personal statement about how your duties and responsibilities at work support your organisation's/employer's values.

Summaries of all the activities in the unit that can be used to show your knowledge and skills for the assessment criteria. This also includes other suggestions for using the activities and presenting your knowledge and skills. These are suggestions and your assessor will be able to provide more guidance on how you can evidence your knowledge and skills.

Legislation	
Act/Regulation	Key points
The Care Act 2014	There are ten different types of abuse that individuals may experience. It also defines safeguarding as individuals living safely, free from harm and abuse.
The Equality Act 2010	A person must not be treated unfairly or discriminated against in relation to their protected characteristics. These are defined by the Equality Act as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

Summaries of legislation relevant to the study of each unit. Legislation is frequently updated so it is important to ensure you keep up to date with the most recent version of legislation and regulations by doing your own research as well.

Further reading and research

Books

Davies, C., Finlay, C., and Bullman, A. (2000) *Changing Practice in Health and Social Care*, Sage Publications

Weblinks

www.acas.org.uk Advisory, Conciliation and Arbitration Service (ACAS) – providing workers with impartial and independent advice for work issues

Includes references to books, websites and other sources for further reading and research.

Introduction

The qualification

Becoming a care worker is a choice that people make at different points in their life. Perhaps you decided you wanted to become a care worker when you were at school, or perhaps you have had a role in another profession and made the decision later in life. Whenever you made the decision to enter the care profession, for whatever reason, or whether you decided to work in a residential care home or assist someone to live independently in their own home, it is certain that the profession you are entering is a rewarding one; one where you provide a valuable service to those you care for.

The Level 3 Diploma in Adult Care is for learners who work in adult care settings. The qualification is suitable for those workers who have senior responsibilities for the delivery of care and support and/or for supervising the work of others. For example, you may be working as, or working to become, a Lead Adult Care Worker, Lead Personal Assistant, Key Worker, Domiciliary Care Worker, Senior care Assistant or Support Worker.

This book contains all nine mandatory units that you will need to complete for the City & Guilds Level 3 Diploma in Adult Care. The mandatory units cover safeguarding and protection, your responsibilities as a care worker, communication, the duty of care you have to those you support, how you must handle information, your personal development, equality and inclusion, health, safety and well-being and person-centred approaches which are so key to ensuring the individual is at the centre of the support you provide.

You will also need to complete a number of optional units to achieve the diploma. Some popular optional units are available online at:

www.hoddereducation.co.uk/cityandguilds/adultcareextras

The qualification will allow you to learn, develop and demonstrate the skills and knowledge required for employment and/or career progression in healthcare and adult care settings. The qualification is also linked to the Lead Adult Care Worker Trailblazer Apprenticeship.

Study skills

To complete the diploma to the best of your ability, you will need to ensure you develop the skills that are essential not only in providing high-quality care in the setting, but also when preparing assignments and documentation for your portfolio and other assessments. Here, we briefly discuss some of the skills that you will need to learn and develop for study as you progress through the diploma.

Spelling, punctuation, grammar

Being able to clearly express what you want to say is essential for good communication and ensuring others understand you. In your role, it is likely that you will write letters, reports and add notes to care or support plans and documents that will be seen by others. Ensuring that the information in these documents can be easily understood is important so that others are able to understand what is written and to ensure efficient practice. It also means that those you work with will view you as someone who is competent with good command of vocabulary, spelling, punctuation and grammar; this will reflect positively on you as a professional. Writing in full sentences, placing words in sentences in the correct order and using the correct punctuation shows that you take pride in your work. You will also need to apply these skills when you provide evidence and assignments for your portfolio so that you are able to demonstrate your knowledge and convey this in a grammatically correct, clear and accessible way.

Skills of reflection

Reflection is one of the key skills you will need to develop as a care worker. It encourages you to think back on your practice and consolidate what you have learned so that you can make changes and improvements. It involves thinking back over a situation or event that happened and understanding what you gained from the experience and the improvements or changes you will make, or have already made. For example, you may have attended a training update on safeguarding and, as a result, gained a greater insight into your role and the responsibilities for safeguarding individuals from abuse. This in turn means that your awareness on how to do this in your day-to-day work activities has been raised.

It is important to remember that reflecting involves thinking about what did not go well but also what did go well. It can be very tempting to just think about the

negatives, and what went badly in a situation. This, of course, will help you to improve. However, it is important to think positively, and also focus on what went well so that you are able to repeat your behaviour and skills in other situations and also pass on good practice. In this way, you are always developing in your role and providing the best possible care which is why it is so important that you take time to reflect.

In each of the units, you will find an example of a reflective account. These will guide you with the different steps involved in writing your own reflective accounts, including:

- an introduction that sets the scene
- an account of the occasion, details of what happened
- a reflection of what worked well
- a reflection of what did not go as well
- a reflection of what you could do to improve
- all the assessment criteria it is directly linked to.

Research

Research involves exploring and finding out information about a topic to further develop your knowledge and understanding of it. Depending on the topic, research can be carried out in different ways such as by using the internet, books and/or journals. You are likely to use research skills not only for studying for this qualification but also in your personal life and at work. For example, you may have carried out research in relation to the best restaurant to go to in your local area or you may have been asked to explore different activities that an individual you care for can participate in at work. In health and/or social care, there are many examples of how and why research is used. For example, to find a cure for Alzheimer's, to gain a better understanding of diabetes or to find out how to improve work practices when supporting individuals with care or support needs.

If you think about an occasion when you successfully carried out research, you will have used a range of different skills and have gone through a process to be able to carry it out effectively. You would have begun by thinking about the purpose of carrying out the research, what you wanted to find out and why. You would then have set out a plan for how to do this, including deciding on the methods of collating the information, the sources of information to use and a timescale for doing this. You would then have moved on to collating the information, interpreting the information you collated before finally reviewing your research against the original purpose of your research and presenting your

findings. In this way, you are able to develop your knowledge and skills beyond the setting and discover new, up-to-date background information which will help you to keep on top of what is happening in your profession and related stories.

Reading

In your role, you will read various documents; it might be this textbook, news articles as part of research or care plans, for example. You will therefore need to know when you need to read documents in depth, and when you can 'skim' read. Skim reading refers to reading to gain an overview or insight into the context of a topic. For example, you may 'skim' through a unit by reading the introduction or titles of each section to gain an insight into what the unit is about. However, in order to fully understand the unit and content of any document, you will need to carefully read the content in detail and not just the key points like when you skim read. It is important that you understand when you should read documents in detail and when you can skim read.

Time management

Managing your time effectively involves being able to achieve timescales set for the completion of, for example, assignments. This means being able to complete them on time while not compromising on the quality of your work, and allowing yourself enough time. To be able to manage your time effectively you need to be realistic about what you can and cannot do. There is no point in setting yourself an unrealistic target; not only will you not achieve this but not doing so will make you feel negative about yourself. Planning how to best manage your time is key! Perhaps you have children so you plan to study in the evenings or at night when they have gone to bed and you have no distractions, or perhaps you care for a family member and find mornings a better time to study. Make a plan and stick to it by ensuring you review it from time to time to check that you are on track.

Referencing

Referencing the work and ideas of others means that you will not be plagiarising (a topic you will learn more about below). Referencing shows that you have carried out research in detail, and that you have read widely. It also shows that you have thought about and connected the ideas of others such as theorists and authors. It means you can show that you have a valid and credible basis for your work and ideas. Referencing also enables those reading your work to explore in more detail the topic you have referenced and to find out more about it.

Plagiarism

Plagiarism occurs when you do not acknowledge the work or ideas of others and claim that it is your own. This is unethical and illegal and has serious consequences including not being allowed to continue to study for your qualification. Therefore, referencing the work and ideas of others when submitting your work and assignments is a must.

Command words

The knowledge-based command words that you will find across this book and the specification will include ‘describe’, ‘explain’ and ‘evaluate’ for example, and will set out what you are expected to know or understand. The skills-based command words will include ‘demonstrate’, ‘use’ and ‘work with others’, for example, and these will set out what you will be expected to do or show through your work practice. Your assessor will be able to provide more guidance on the definitions of command words.

Assignments and work products

Work products

Work products can include plans and records of what you have produced during your everyday work activities. For example, you may have evidence of a social activity you carried out with an individual in the form of a short video film, or an entry you made in an individual's care plan about a change that has occurred in their needs, such as in relation to the support they require for their mobility.

Work products may also include other records that you and others may contribute to such as your supervision record (you and your manager would discuss this) or an individual's risk assessment (you and your colleagues would contribute to this). Sometimes work products can be included in your portfolio, but you should speak to your assessor who will be able to provide more guidance on this.

You will also need to ensure confidentiality when you include any work products in your portfolio that relate to an individual you care for or others including the individual's family, friends, or those you work with.

Assignments

Assignments are opportunities for you to show how you apply the knowledge and skills you have gained during your studies. An assignment could include a scenario or a brief that sets out the tasks that you are required to complete. For example, you may be given a scenario of an individual with care needs who discloses that they are being abused; you may be tasked with showing your knowledge and understanding of what actions to take when an individual makes a disclosure of abuse and how to report it. Or you may be given a brief that requires you to plan and deliver a recreational activity with an individual. You will also be asked to demonstrate skills as part of other tasks.

Assessment

How will I be assessed?

In order to achieve the Level 3 Diploma in Adult Care, you will need to have completed a portfolio of evidence covering the assessment criteria for each unit that you study, including the mandatory and optional units required. City & Guilds advise that the majority of assessment for this competence-based qualification will take place in the workplace under real work conditions.

The portfolio will contain evidence of your knowledge, skills and behaviours. The portfolio can be a physical paper-based file or a digital e-portfolio, and can include personal statements, reflective accounts, records of discussions, witness testimonies, assignments and work products, some of which we discuss below.

Observations

These are real-life observations of your practices in the setting where you work and will more often than not be carried out by your assessor.

Your assessor

Your assessor will be the main person who will plan and discuss the observations of your work practices with you and will be responsible for recording your observations. Expert witnesses may also on occasions be used but you will agree this with your assessor; this is discussed in more detail below. Observations of your work practices must reflect your everyday work activities and will therefore be carried out in the adult care setting where you work. You will be responsible for obtaining permission from those in your care setting for your observations to take place. This may, for example, involve seeking permission before the observation takes place and you may need to gain this permission from your employer, the individuals with care or support needs, individuals' families, friends, other professionals and others you work with.

It may not be possible to plan all of your observations as some of them may be 'unexpected events' that occur in your work setting, such as a fire drill or an individual having difficulties communicating. Your assessor will be responsible for collating this unplanned evidence if they deem it suitable to do so.

Witness testimonies

Witness testimonies can be used as evidence of your work practices that have been witnessed. Your manager, for example, will be able to provide witness

testimonies of your practice in the setting.

Witness testimonies can be provided orally or in writing and must be recorded. They must include your name, the date, time, venue and details of the work activity observed as well as the details of the witness including their name, designation/role and contact details (for example, telephone number or email address). Again, it will be a good idea to ensure it is okay to include this information.

Expert witnesses

Expert witnesses may be able to observe your working practices if they have current expertise in a specialist area, such as diabetes care or when the observation is of a sensitive area such as end of life care. However, expert witnesses can be used only in specific circumstances and when agreed with your assessor.

Professional discussions

Professional discussions are planned and structured and are carried out between you and your assessor; it is an in-depth discussion that is led by you. It is a good way of presenting evidence through discussion, clearly showing the knowledge you have gained, the skills you have developed and the behaviours you have. It is a way of showing how you have met the requirements of the qualification. Your portfolio can form the basis of the discussion and so can other pieces of evidence that you may have collated, such as work products. Witness testimonies can also be discussed.

Personal statements and reflective accounts

Written accounts detailing knowledge and skills related to the assessment criteria can also be included in your portfolio.

Recognition of prior learning

Relevant prior credited learning that you have undertaken will also be recognised. This can take the form of not only certificated courses but may also include work placements or volunteering opportunities you have undertaken.

End-point assessment

The Level 3 Diploma in Adult Care is linked to the Lead Adult Care Worker Trailblazer Apprenticeship. If you are completing this qualification as part of an apprenticeship, you will need to complete the end-point assessment. You can find out more about this at:

www.hoddereducation.co.uk/cityandguilds/adultcareextras

6Cs

The 6Cs are values which underpin Compassion in Practice, the national strategy that was developed for nurses, midwives and care staff, and was launched in December 2012. They are values which should underpin your practice; you are expected not just to know what these are, but also be able to demonstrate them in your practice. You can find out more here:

www.skillsforcare.org.uk/Documents/Standards-legislation/6Cs/6Cs-in-social-care-guide.pdf

- **Care** is at the heart of the work we do, helping to improve the lives of individuals we support, and something we should always be striving to improve.
- **Communication** is key to forming and maintaining strong successful relationships with those we support and work with.
- **Compassion** and treating those we support with kindness and empathy are essential for upholding bonds and ensuring individuals trust us to care for them with respect and dignity.
- **Courage** allows us to speak up for those we care for especially when we have concerns, and doing the right thing for them in order to ensure that their rights are upheld. It also means having the courage to try and test new practice.
- **Competence** means fulfilling our roles to the best of our ability, understanding the needs of those we provide support for, and having the expertise and knowledge to effectively carry out our roles.
- **Commitment** means to be dedicated to providing high-quality care and helping to improve the lives of those we provide support for.

You can find out more about the Skills for Care definitions of the 6Cs here:

www.skillsforcare.org.uk/Documents/Standards-legislation/6Cs/6Cs-in-social-care-guide.pdf

The 6Cs are also addressed in each unit in this textbook with clear links to how they are relevant to the content of the unit or assessment criteria.

Knowledge, skills, behaviours

Knowledge: This includes your understanding of the units you study and reasons for why you practise the way you do at work. It will also include understanding of a range of topics and areas such as legislation, different cultures, how to build good relationships, how to communicate and interact with others, and expectations that others, such as your employer, colleagues, others you work with, individuals and individuals' families, have of you. Knowledge will also cover more than just your knowledge and understanding of health and/or social care; it will include wider knowledge of cultures and the people you will work with, for example.

Skills: There are a wide range of skills that you will learn, practise and develop in your role and as you complete this diploma. This will include skills in communicating with your colleagues, safeguarding individuals, reporting and recording and also the skills that make you unique and bring out your qualities such as showing compassion, warmth, kindness and empathy. You will also develop and be required to show the skills you have when studying for this qualification such as your ability to interpret information, describe an event or analyse a task so that you can make improvements.

Behaviours: These include how you put into practice the personal qualities you have. For example, how do you use verbal and non-verbal communication to show your empathy towards a colleague who is finding a task difficult to complete? How can you be supportive and encouraging? How do you convey your happiness when an individual tells you that they have achieved the goal that they have been working towards? Your behaviours reflect the kind of person you are, for example, professional, kind and considerate.

The Knowledge, skills and behaviours tables for each unit are available online at www.hoddereducation.co.uk/cityandguilds/adultcareextras

The book refers to Lead Adult Care Workers, and Lead Personal Assistants, this also includes those who are not currently in this role, but are potential leaders.

You can access more information about this City & Guilds qualification and specification by searching for 'Adult Care' or '3095' on their website:
www.cityandguilds.com

201 Safeguarding and protection in care settings



About this unit

Credit value: 3

Guided learning hours: 26

One of the most important aspects of your role as an adult care worker is to protect individuals with care or support needs. This unit will equip you with

the principles that underpin safeguarding including understanding the different types of abuse, their associated [signs](#) and [symptoms](#) as well as the factors that may make an individual more vulnerable to abuse.

You will explore your safeguarding role and responsibilities for responding to **suspensions** and [allegations of abuse](#) including how to ensure that evidence of abuse is preserved. Understanding the legislation, national policies and [local systems](#) that underpin your working practices for reducing the likelihood of abuse will enable you to understand how the likelihood of individuals being abused can be reduced by managing risks and focusing on prevention. Recognising and reporting unsafe practices and understanding the principles of online safety will ensure you carry out your duty of care.

Learning outcomes

By the end of this unit you will:

LO1: Understand principles of safeguarding adults

LO2: Know how to recognise signs of abuse

LO3: Know how to respond to suspected or alleged abuse

LO4: Understand the national and local context of safeguarding and protection from abuse

LO5: Understand ways to reduce the likelihood of abuse

LO6: Know how to recognise and report unsafe practices

LO7: Understand principles for online safety

LO1 Understand principles of safeguarding adults

Getting started

Think about a story you have heard or read about in the media that involved adults being abused and not being kept safe. For example, you may have read or heard about care homes where older individuals died as a result of poor quality care.

How did these news stories make you feel? Why?

AC 1.1 Explain the term ‘safeguarding’

Everyone, including the **individuals** you care for, has a right to live their lives safely and free from hurt, **abuse** and **neglect**. To safeguard individuals means to protect them from **harm** and abuse. In your role, you will be working with some of the most vulnerable people in society, not only because of health issues, but because they may have suffered harm and abuse. It may be that the individuals you care for are being abused by the people who should be protecting them from abuse such as family members, friends, neighbours, other individuals in the setting and even care workers – all the people that are supposed to care for the individual. Abuse and neglect can occur in individuals’ own homes, at work, in **care settings**, medical settings – again places where individuals should feel safe!

In order to safeguard individuals, you will need to know about the signs to look for, identify when someone is being abused and know the actions to take.

Safeguarding also means promoting individuals’ rights to good health and **well-being**. This involves providing individuals with good quality care and support.



Key terms

Individuals refer to the people you care for and support.

Abuse occurs when someone is mistreated in a way that causes them pain and hurt. This does not just mean physical abuse but can also mean sexual or psychological or mental abuse. Neglecting someone and not caring for their needs is also a form of abuse. It is important to be aware of the different types of abuse because you will be working with vulnerable people. See [AC 1.3](#) for more information on the different terms used to describe abuse.

Neglect means failing to care for someone so that their needs are not met. See [Table 1.1](#) for more information on neglect. Also see [AC 1.3](#), page [6](#), for a description of the term ‘self-neglect’.

Harm is caused as a result of abuse. Someone may have come to harm physically (they may be bruised or injured) or emotionally (they may be frightened or worried). This may not be intentional. For example, someone may hurt themselves at home because of a tear in the carpet which went unnoticed; in which case the harm caused is accidental.

Care settings refer to adult, children and young people's health settings and adult care settings. This qualification is concerned with adult care settings only.

Adult care settings include residential homes, nursing homes, domiciliary care, day centres, an individual's own home and some clinical healthcare settings.

Residential care homes are homes that individuals live in. Care workers will provide meals and assistance with personal care tasks such as washing, dressing, eating.

Nursing homes provide the same services as residential care homes but have registered nurses for individuals who have health needs.

Domiciliary care is where health and social care workers will provide care and support to individuals who still live in their own home but require additional help such as support with household tasks or personal care.

Day centres are settings that provide leisure, educational, health and well-being activities during the day.

Clinical healthcare settings are places where healthcare professionals such as nurses, doctors, and physiotherapists provide direct medical care to individuals such as in a clinic, pharmacy or GP surgery.

Well-being is how a person thinks and feels about themselves, physically, mentally and emotionally. More generally, it can also mean being healthy and in a positive state.



Research it

1.1 The Care Act 2014 and safeguarding

Research what the Care Act 2014 says about the meaning of safeguarding adults who have care or support needs. Produce a poster with your findings.

You will find it useful to access Skill for Care's resource about the Care Act and its role in safeguarding adults:

www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/care-act-implications-for-safeguarding-adults-briefing.pdf

Evidence opportunity

1.1 What does 'safeguarding' mean?

Identify an individual who has care or support needs. Write down a definition of the term 'safeguarding'. How can this individual be safeguarded and protected from harm and abuse? Think about the different aspects of the term 'safeguarding'.

AC 1.2 Explain your role and responsibilities in safeguarding individuals

Everyone involved in the lives of individuals who have care or support needs has a responsibility to safeguard them from abuse and neglect. This includes you and your colleagues, their families, friends and neighbours and other professionals such as GPs and social workers.

Your role and responsibilities

Discovering that an individual you care for is being abused can be one of the most challenging situations you face in your role, but you must remember that protecting and safeguarding individuals is your responsibility and part of your duty of care. (You may want to refer to this concept in [Unit 305](#) Duty of care in care settings.) As we mentioned earlier, as a care worker, you will need to know about the signs to look for and what to do if you think that someone you care for is being abused. It is important to follow the agreed ways of working in your care setting as these will set out what is expected from you in the safeguarding process.

However, there are some important ways of working that you must follow to support individuals to remain safe from abuse and neglect.

Understand different situations where abuse may be occurring and stay alert

This will mean knowing the different signs to look for, which we will discuss in LO2. You should constantly be mindful of these. Individuals you care for may be vulnerable and may not disclose or tell you about abuse that they are suffering. It may be that they fear what may happen if they do. It may even be that they do not realise they are being abused or think that they are the problem and so deserve what is happening to them. It may also be that they cannot communicate abuse to you as they are either too weak given health issues or because of their age.

Therefore, you should constantly look for signs or clues that may suggest they are being abused. That is not to say you should be suspicious of everyone the individual comes into contact with. However, you will need to consider it as a possibility if individuals you care for have an injury that they cannot explain to you or are behaving differently to how they normally do or behave differently around different people.

If you are aware of the signs, dangers and risks that individuals face, whether they are physical dangers in the setting (such as a spillage on the floor), or abuse from people (such as family members), then you will be well placed to identify abuse and can act immediately to investigate the situation and to protect the individual.

Your first port of call should be to consult your agreed ways of working in your setting. Your manager will also be able to advise you on what to do. Make sure

that you accurately record details of why you suspect abuse, or if someone has disclosed it to you, then accurately record this so that you can clearly communicate this to your manager.

Prevent individuals from being subjected to any danger, abuse or neglect

You can do this by developing an individual's knowledge and understanding about the meaning of danger, abuse or neglect and what they must do if this happens to them. Reassure them that they will always be supported if they are being abused or neglected or if they report that they are being abused or neglected. You may need to seek support from the individual's advocate and adapt the information you provide so that it can be understood – by using pictures or signs if needed. This is to make sure the information is accessible. This is important, because in this way you will supporting the individuals to learn how to safeguard themselves and as a result make them less likely to be abused by others, or if they are already being abused, then you will be able to stop it from happening. There is more on the ways to reduce the likelihood of abuse in LO5.



Figure 1.1 How can you be an effective partner in care?

Evidence opportunity

1.2 Safeguarding roles and responsibilities

Carry out some research in the care setting where you work and find out what your employer's agreed ways of working for safeguarding individuals say about your role and responsibilities. For example, they may include your reporting and recording responsibilities as well as how you must support individuals. Discuss this with your manager, decide on the key points and make detailed notes.

AC 1.3 Define the different terms of abuse

To safeguard adults with care or support needs it is important that you are aware of and understand the different forms that abuse can take. Individuals may experience one or several types of abuse at the same time – or at different times. Therefore, being aware of all the different types of abuse that there are will be important.

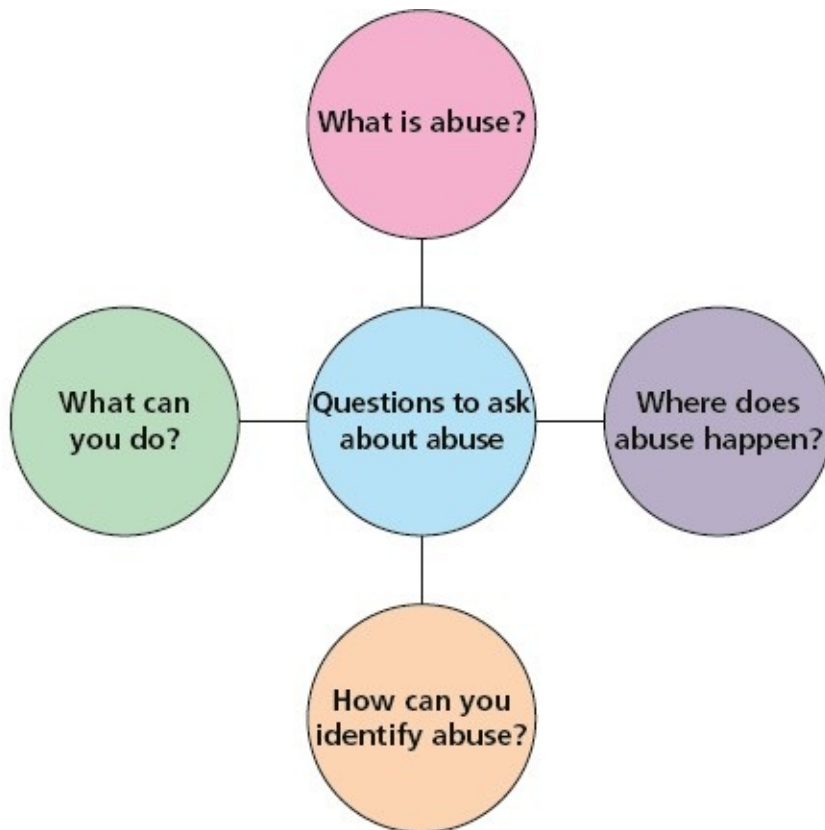


Figure 1.2 Questions to ask about abuse

As we discussed right at the start, abuse can take place by people who are supposed to care for the individuals. Abuse can happen in all sorts of places (including places that are supposed to provide care); not only in their own homes and care settings, but also at the home of someone they know, outside in a public area or in an office or place of work. Therefore, abuse can happen anywhere, by anyone and at any time.

When you think about abuse, consider the questions outlined in [Figure 1.2](#).

The Care Act 2014 defines abuse as falling into ten different categories. You will have an opportunity to learn more about this in LO4.

Different types of abuse and what they mean

Physical abuse

Physical abuse is unwanted contact leading to injuries or pain. This can include hitting, hair pulling, scalding, slapping, pinching and other physical actions that can cause harm.

However, some other forms of physical abuse are less obvious. Physical abuse can also include over use of medication, withholding food, unlawful isolation such as locking an individual in their room, unlawful restraint such as not allowing an individual to get up from their bed by keeping the bed rails up.



Key terms

Honour-based violence refers to domestic violence committed in the name of 'honour'.

Female genital mutilation (FGM) refers to a practice where the female genitals are deliberately cut, injured or changed and might be done because of cultural beliefs.

Domestic abuse

Domestic abuse can include controlling and coercive or bullying behaviour between family members and partners. This can include threats, humiliation, isolation (such as from their friends), [honour-based violence](#) and [female genital mutilation \(FGM\)](#).

Sexual abuse

This includes individuals being subjected to unwanted sexual contact and involvement in sexual activities and relationships. This can include rape, sexual assault, sexual harassment, making an individual watch pornography or sexual acts and indecent exposure.

There will be situations where individuals you care for will be in sexual relationships, ones they have consented to, but you will need to recognise the difference between this and ones where individuals are being abused by partners, family members or even care staff. (See [AC 2.1](#) Identify the signs and symptoms associated with each type of abuse.)

Basically, any sexual activity that the individual has not consented to, was forced

to consent to, unable to consent to or tricked into consenting to can be defined as sexual abuse.

The issue of consent is a very important one here as many of the vulnerable individuals you work with will not have the capacity to consent or make informed decisions.

Emotional and psychological abuse

These are abusive actions that make an individual feel worthless and humiliated. This can include bullying, threatening harm or intimidation, controlling and denying an individual's right to privacy, dignity and choice. It can also include isolating people from others or from accessing services, or being verbally abusive by swearing or shouting at them. This type of abuse underpins all the others because individuals will of course experience emotional pain when they are being abused in other ways. It is hard not to be emotionally hurt when you are physically abused.

Remember that not all abuse maybe so obvious or it may not be actual abuse but it still causes distress. Often behaviour that is harsh and unacceptable can be offensive and cause emotional hurt. This can include belittling someone, treating them like a child, patronising them, or bullying them. You should also be aware of this and the potential for this to cause harm. It could also lead to further and different types of abuse.

Financial and material abuse

This is the unauthorised use (without permission from the individual) of a person's finances. This can include theft, fraud, misuse of benefits or direct payments, threats or manipulation in relation to wills and inheritance. It can include abusing and exploiting them to benefit financially.

It may result in vulnerable individuals who are not able to look after their finances becoming victims of theft and fraud and losing their homes in extreme cases. For example, think about the news stories you have either heard or read about in relation to people being the victims of fraud. It is happening more and more now as technology is being used to exploit people.

Modern slavery

This means the exploitation of a person in order to serve others (domestic servitude) without being paid. This includes slavery – human trafficking where individuals are exploited by others and sold as slaves. Slaves do not have a choice, they are forced to work. It is forced and compulsory labour.

You will have learned that slavery has occurred throughout history. However, this is something that still occurs today, not just in other countries, but also in the UK. The Modern Day Slavery Act 2015 is in place to prevent the enslavement and trafficking of people. See [AC 4.1](#) for more information on legislation.

Discriminatory abuse

This is the unequal treatment or denial of a person's rights based on a protected characteristic (that is, as defined in the Equality Act 2010). This can include discrimination because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

When people are discriminated against, they may also be harmed physically, emotionally, neglected or harassed. It is therefore important to understand how different types of abuse are connected and linked to others.

Institutional and organisational abuse

Institutional or organisational abuse occurs when the setting focuses the service on the needs of the organisation and the workers rather than on the needs of the individuals who access the service. This might include rigid routines and systems such as specific times for individuals to get up, go to bed, isolating individuals from families and friends, disrespectful behaviours towards individuals such as swearing and being patronising.

You may not even realise that you and the setting are being abusive in this way. It may be that you think your setting is being efficient by specifying routines and times for meals and bed, or think that it is in the best interest of the individual. However, in this way, the individuals' needs are *not* at the centre – yours are! Individuals are being forced into routines to suit you. This may be because of budgeting restraints or staff shortages, or not having the right training but the fact remains that this is still abuse. Not having the right training is not an excuse!

This type of abuse can also include neglecting the care needs of individuals to suit yourself. For example, you may decide that you do not want to take food to the individual because they have requested it after your shift ends – so you leave the individual in a situation where they are forced to eat food at a time that is convenient for you.

Sometimes institutional abuse is more obvious. Think about some of stories you may have read about individuals being ill-treated in care settings, where they have been neglected or handled in an aggressive way. This is a serious breach of

duty of care and abuse not only of the individuals but abuse of the care worker's responsibility. Also see [AC 1.5](#) on restrictive practice.

Self-neglect

This is the failure of individuals to care for themselves and meet their own needs. This can result in them causing harm to themselves. Self-neglect can include showing no care for one's own personal hygiene, not eating or drinking healthily, or perhaps not taking prescribed medication, not accessing care and support services available. They may do this because of health reasons, disabilities or simply because it is their choice to follow a certain lifestyle. You should also read about self-harm covered below in [AC 1.4](#).

Neglect by others

This is a failure by others to care for and meet an individual's needs which results in harm being caused to the individual. This can include not providing support for or access to food, water, heating, clothes, physical activity or moving/mobility, medical or personal care, or not taking into account an individual's cultural and religious needs. It can also mean leaving individuals in unsafe environments, generally not supporting them with their needs and simply leaving them to be alone.

You should refer to the section above on institutional abuse, but remember that families and friends and others who are supposed to care about individuals can also be guilty of neglect. This may be because they are finding it difficult to care for the individual alongside other things in their life, or it may be a very deliberate and even cruel type of neglect.

Many of the types of abuse that we have discussed above are criminal offences which means those committing the acts can be prosecuted by police. Whatever form of abuse you suspect is happening, do not ignore it. Follow your agreed ways of working so that you can stop any abuse that may be happening and safeguard and protect the individual.

You should also remember that a lot of abuse spans several of the categories we have discussed, and so often the category is less important than actually identifying that abuse is taking place.



Research it

1.3 Abuse reported in the media

Research two cases of abuse that have recently been reported in the media. You can, for example, choose cases in relation to domestic abuse such as honour-based violence and modern slavery. You will find newspapers, the television and the internet useful sources of information. Produce an information handout about each case. You may find it useful to look at the following stories as a starting point:

www.bbc.co.uk/programmes/p05bdb3d

www.bbc.co.uk/news/uk-england-northamptonshire-41935223



Case study

1.3 Different types of abuse

Wood Green is an established supported living scheme where three men with autism and other complex needs live together. One afternoon, all three individuals are sitting in the lounge. A senior care worker asks Jonas, one of the individuals with care needs, whether he is ready to cook his evening meal. Jonas kicks the care worker hard on the leg and runs upstairs. The senior care worker runs up after Jonas and shouts at him angrily, telling him that she will not tolerate him abusing her and for that reason instructs him to remain in his room for the rest of the evening. The senior care worker goes back downstairs and tells the two other individuals in the lounge that Jonas will not be eating this evening and will remain in isolation until he apologises to her.

Discuss:

- 1 What types of abuse are taking place in this care setting?
- 2 Why do you think these types of abuse occurred?
- 3 How could these types of abuse have been prevented?

Evidence opportunity

1.3 The different types of abuse

Produce a leaflet for an adult care worker who has never worked in a care setting. Include the meanings of the following different types of abuse: physical, domestic, sexual, emotional/psychological abuse,

financial/material abuse, modern slavery, discriminatory abuse,
institutional/organisational abuse, self-neglect, neglect by others.

AC 1.4 Describe harm

The ten types of abuse that you learned about in [AC 1.3](#) and that are identified in the Care Act 2014 are the ones that cause harm through abuse and neglect. An individual who has care or support needs may be at risk of harm if they are or have experienced one or more of these types of abuse and neglect.

Therefore, the term ‘harm’ refers to any type of abuse or neglect that can have a negative effect on an individual’s physical, emotional, social health and well-being.

Self-harm

Harm may not always be caused by others but by the individuals themselves. Others involved in the care of the individual, such as GPs and their family will be able to tell you if they have a history of, or are currently self-harming and are a risk to themselves, or are likely to self-harm. Self-harming may include individuals physically abusing themselves by cutting for example. Whatever the form the self-harm takes, you should follow the policies and procedures in your setting for working with someone who self-harms and make sure that their care plan and your practice is informed by this. You may also need to seek advice from organisations and charities that have specialist knowledge in this area.

Evidence opportunity

1.4 What is harm?

Describe in the form of a one-page information handout how you can ensure that individuals in your care setting are not harmed. Ensure you show your understanding of the term ‘harm’.

AC 1.5 Describe restrictive practice

Restrictive practice includes actions that deliberately limit an individual's movement or freedom. As we will discuss, there are times when you may need to use restrictive practice. However, there are times when restrictive practice may cause abuse, harm and neglect if it is used inappropriately or unlawfully. This might include physically restraining an individual for no reason by tying them to a chair so that they are unable to move or using medication to make an individual drowsy. It could also include locking an individual in the house so that they are unable to leave their home on their own.

Restrictive practice denies an individual their basic human right of freedom and movement and can have serious consequences including pain, harm, suffering and even fatalities if not used correctly.



Research it

1.5 Safeguarding Adults Boards

Research the inappropriate use of restrictive practice by looking at your local Safeguarding Adults Board's website for recent reviews. Discuss the effects on the individuals with care and support needs with a colleague.

When restrictive practice may be needed

Restrictive practice must only be used legally and when necessary. It is used only as the last resort and there are no other options. This point cannot be stressed enough. For example, it may be that other more proactive practices that encourage discussion and reassurance to diffuse situations that may arise have broken down. It may only be legal and necessary for restrictive practice to be used by trained professionals in the following situations (although all settings will be different and you should check with your manager about the policies and procedures in your setting).

- In an emergency, for example, when an individual with mental health needs is self-harming by biting his arms. In this situation, it may be necessary for trained professionals to physically restrain him so that he does not continue to harm himself.
- When an individual requires life-saving treatment, for example, when an individual with dementia is having a heart attack and prevents hospital staff

from administering medical treatment because they are very anxious and physically hitting out. It may be necessary for trained professionals to use medication to calm the individual down so that their condition does not deteriorate.

- When escaping violence, for example this might be when an individual who is dependent on alcohol and drugs physically abuses another individual or adult care worker and causes damage to the setting, or displays threatening behaviour. Here, it may be necessary for trained professionals to use physical restraint to prevent the individual causing further harm to others and further damage to the environment.

Restrictive practice can also include deprivation of an individual's liberty. See Unit 307, [Case study 3.1, 3.2, 3.3](#).



Reflect on it

1.5 Consequences of not using restrictive practice

Reflect on the importance of restrictive practice only being used when absolutely necessary and legal to do so. What are the consequences of you not doing so? What are the consequences for *you*? What are the consequences for the *individual*? What are the consequences for the care setting where you work? What about the individual's setting?

Evidence opportunity

1.5 Restrictive practice

List two examples of appropriate restrictive practice and two examples of inappropriate restrictive practice. Describe how the appropriate practices can be used to safeguard individuals. Explain why the inappropriate practices are inappropriate. Keep a copy of your list and make notes to evidence this.

LO2 Know how to recognise signs of abuse

Getting started

Think about someone you know well. How can you tell if this person is not being their usual self? For example, do they act differently – perhaps they are unusually quiet when usually they are very chatty. Perhaps they appear different, they may look unwell or unhappy. Perhaps they tell you how they are feeling. Are they anxious, worried, angry? Perhaps you notice changes in their personality. Do they suddenly become very irritable or withdrawn?

Recognising these signs means that you know when there is something wrong. Knowing there is something wrong means you can take action to put it right.

AC 2.1 Identify the signs and symptoms associated with each type of abuse

You can only carry out your role and responsibilities to safeguard individuals from abuse, harm and neglect fully if you are able to recognise the **signs** and **symptoms** that may suggest an individual is being abused.

[Table 1.1](#) lists the different signs and symptoms of abuse. You should remember, however, that these signs are not evidence of abuse. It may be that there are other reasons for a visible injury that the individual cannot explain.

The most effective way that you can safeguard individuals and protect them from harm or abuse is by getting to know every individual so that you notice and act upon any unusual changes that they do show, however small.

Working with colleagues and other professionals will also help you to understand any wider context, for example, the individual's medical history will inform you of any bruising and injury in the past. Therefore, you will need to look at the signs in the wider context of the individual's life and care. You may also need to observe and communicate with the individual to understand any injuries better.

It is important to remember that because all individuals are unique, the way they may experience abuse or harm will also be unique. This means that individuals will not necessarily show the same signs and symptoms associated with each type of abuse.

Nonetheless, [Table 1.1](#) will provide you with a good understanding of common signs and symptoms that may indicate abuse and ones that you should look out for and be mindful of. You will see that there is overlap in some of the signs and symptoms for the different types of abuse and although the table does not cover all the possible signs and symptoms, it will give you an idea of the major ones to look out for.



Key terms

Signs are outwardly visible to others – you can see them. Signs of abuse can include bruises, sores and malnutrition. Signs can also present as changes in behaviour and moods.

Symptoms are experienced by individuals. They are an indication of

something, for example feeling upset, angry, scared or alone. Symptoms could be the result of an illness, or abuse.

Table 1.1 Signs and symptoms of abuse

Type of abuse	Examples of signs	Examples of symptoms
Physical abuse	Unexplained or unusual bruises, cuts, scratches, burns, frequent unexplained injuries, fractures, rashes or pressure ulcers, weight loss, general worsening of their health and mood. There may be some signs in their behaviour like flinching in the presence of the abuser, wearing long sleeves in hot weather to cover up bruises, or they may not want to see visitors. Some more obvious ones might include cigarette burns, black eyes that indicate violence, repeatedly falling or repeated overdosing. Individuals may also be unable to explain the injuries.	Being in pain and discomfort, showing fear, being withdrawn particularly in the presence of another person.
Domestic abuse	Unexplained or unusual bruises, cuts, burns, broken bones, (see signs of physical abuse above), being humiliated in front of others. Others showing controlling behaviour, or behaviour that challenges; can also be an indicator. Other signs can include those associated with physical, emotional/psychological, sexual and financial abuse.	Low self-esteem, fear of socialising with others or reluctant to let others come to the house, increased isolation from family and friends. Other symptoms can include those associated with physical, emotional/psychological, sexual and financial abuse.

Type of abuse	Examples of signs	Examples of symptoms
Sexual abuse	Physical signs include unexplained or unusual bruises around the thighs, buttocks, breasts and genital area. There may also be burns or scratches and even bite marks, unexplained bleeding, stained or torn underclothing, difficulty in walking or sitting. The individual may have (repeated) urinary infections or genital infections, they may be pregnant. There may be some signs in their behaviour, they may seem more withdrawn, they may attempt suicide, they may be unable to explain where they have been. Others showing aggression or suggestive sexual behaviour may also be an indicator.	Poor concentration, inability to sleep, withdrawn, fear of relationships with others, fear of being alone in the presence of the other person/people, aggression, anxiety, withdrawal of care and support services, they may for example refuse assistance with personal hygiene.
Emotional/psychological abuse	A change in eating habits, i.e. leading to weight loss or weight gain, being unco-operative, displaying behaviours that challenge towards others. Remember that being teased or humiliated, belittled, treated like a child by others with no regard for them as an individual with their own opinion is also a sign that someone may be abused or that this could lead to abuse. If you care for someone in their home, it may be that neighbours have reported shouting or you may see that people living in the area are continually parking outside their home so that the individual is unable to park. It may even be that someone is using language that is not obviously racist, but still stereotypical. Often people experience emotional distress from things that may not be obviously abuse, but is still hurtful and could lead to abuse.	Disturbed sleep, low self-esteem, very under-confident, distressed, becoming upset easily, withdrawn particularly in the presence of the other person, feeling unwell, feeling anxious.
Financial/material abuse	Unexplained lack of money and withdrawals of money, unexplained living conditions, i.e. personal possessions disappearing or insufficient food. The individual may not be kept informed of what is happening with their finances, nor not be allowed to manage this aspect of their life. Their property may be sold without their knowledge. They may be unable to pay for their care or relatives may be reluctant to pay. Their will may be changed.	Feeling anxious about paying bills, not wishing to pay for essential food shopping items, fear of not being able to manage financially.
Modern slavery	Appearing malnourished, looking unkempt, i.e. appearing dirty, not wearing clean clothes. Other signs can include those associated with physical, emotional/psychological abuse.	Becoming isolated from others, fear of speaking to others, appearing fearful or withdrawn in the presence of the other person/abuser. Other symptoms can include those associated with physical, emotional/psychological abuse.

Type of abuse	Examples of signs	Examples of symptoms
Discriminatory abuse	Displaying behaviour that challenges towards others, not being supported or being offered support or services that do not meet the individual's needs. Individuals may be denied access to care, places, people and activities. They may not be given information on how they can be supported to tackle discriminatory behaviour. See signs of emotional abuse as well.	Becoming isolated, feeling fearful, frustrated, anxious, withdrawal from services. They may also have low self-esteem.
Institutional/organisational abuse	Poor care standards, for example individuals being hungry, dehydrated, lack of management, inadequate staffing, rigid routines, lack of choices and individuality, e.g. lack of access to personal possessions, lack of individual care plans, denial of individuals' rights, e.g. dignity, privacy, independence, absence of visitors. Individuals may not be allowed to go outside; medication is not properly or appropriately administered.	Low self-esteem, feeling frustrated, anxious, angry, upset.
Self-neglect	Malnutrition, dehydration, weight loss, poor personal hygiene, looking unkempt, living in dirty or unsafe conditions, failure to access care or support services, or ignoring their health and medical needs. They may need emergency medical treatment for an injury or illness. General apathy for their own well-being.	Feeling confused, low in mood, anxious. Becoming withdrawn and isolated from others.
Neglect by others	Malnutrition, dehydration, living in dirty or unsafe conditions, pressure sores, wearing inappropriate clothing, for example items that are worn, inappropriate for the weather conditions, untreated injuries and illnesses. There may be general worsening of health and the individual may be deprived of access to medical and healthcare needs. Some of the physical signs of abuse will also apply here.	Feeling confused, low in mood, fear of involvement from others such as professionals, services, withdrawal from socialising with others such as family and friends.

You have a duty of care to inform individuals of any dangers, but not to make decisions for them, unless they lack the capacity to do so. However, make sure you consider the different factors you have learned about with regard to consent and capacity. You will find it useful to refer to [Unit 305](#) Duty of care, as well as [Unit 307](#) Promote person-centred approaches, [AC 3.3](#).

Feelings that individuals may experience

Individuals may experience a range of feelings and emotions when they have suffered from abuse. This can include a range of emotions including anger, frustration, depression and sadness, and suicidal feelings. These feelings can arise whether the abuse is fairly recent and has only occurred once or if the abuse has been going on for a long period of time. Abuse can change a person significantly, it can change the way they view others and the world generally. You will need to ensure that you try to understand what the individual may be going through. Learn from them, learn from the experience you may have had, learn from the experiences of people you know and the experiences of your colleagues so that you can empathise with individuals, provide appropriate and long-lasting care. You may need to draw on the expertise of others such as therapists where this is beyond your experience.

Taking care of yourself

While it is important to look for signs of abuse, you must also remember to be aware of your own feelings when you are dealing with someone who has been abused. This is a tricky situation to go through as a care worker, one that may cause you upset and distress. The situation may cause you to become angry for the individual. However, remember to take care of yourself and ask for support from others. Speak to your manager, speak to others in the setting or others you know, remembering not to be too specific when it comes to the individual's personal and confidential details. It is normal to want to tell others and remember that you are not alone in dealing with this situation. Your setting will be able to provide you with appropriate support and you should make use of this. There are also support organisations that will be able to help you such as The Care Workers Charity.

Evidence opportunity

2.1 Signs and symptoms of abuse

Produce a written account detailing the signs and symptoms associated with each of the following types of abuse: physical, domestic, sexual, emotional/psychological, financial/material, modern slavery, discriminatory, institutional/organisational, self-neglect and neglect by others.

Taking care of the person committing abuse

Remember to always remain professional. Do not confront the person committing the abuse, remain calm and try to keep the safety of the individual as

your priority. Confronting the individual will not help matters. At the same time, the person who has committed the abuse may also require help and, if this is the case, you should discuss this with your manager and find out if it is appropriate to suggest support for them. Of course, this will depend on the nature of the situation but you should be considerate of their situation too.

AC 2.2 Describe factors that may contribute to an individual being more vulnerable to abuse

The individual

Some of the factors that may contribute to an individual being more vulnerable to abuse are associated with the individual. For example:

- **Individuals who depend on others for their care or support** may be reluctant to report an abuser because they may fear they will lose their care or that the abuser may lose their job.
- **Individuals who have specific communication difficulties** because of a disability such as a learning disability or an illness such as a stroke may not be able to express what is happening or communicate any abuse that may be happening to them to others.
- **Individuals who have specific conditions** such as dementia, poor mobility, mental health needs, a history of substance misuse may have memory difficulties for example and therefore may not be able to recall what has happened. An individual with poor mobility may be frail and physically unable to defend themselves from others who may try to harm them.

An individual with mental health needs may have experienced (as part of their illness), hallucinations (when a person sees, hears and/or senses things that are not there but they feel strongly that they are) and false beliefs and therefore may not be believed by others about what has happened. An individual with a history of substance misuse may be targeted by an abuser particularly if they have a history of violent behaviour as they may not be believed about what is happening to them and could also be taken advantage of while they are abusing substances.

The carer

Some of the factors that may contribute to an individual being more vulnerable to abuse are associated with the carer. These can include families, the care worker and others involved in the care of the individual. For example:

Other priorities: the carer may have a family, children and others that they care for, or need to be home at certain times for. They may have a job which they need to manage alongside caring for the individual. Such strains can be a contributing factor for abuse. Not always, but significant stress can affect the care given and abuse and neglect can occur.

The individual may be seen as a ‘burden’: The carer may experience difficulties in terms of financing the care of the individual; they may have issues around space and accommodating the individual in their home. Job pressures mean that their time is also limited and they may have their own health issues to deal with. They may also find that their social life is affected as a result of caring for the individual.

Difficulties in relationship with the individual: The carer and the individual may already have a difficult relationship and the individual may even be aggressive or violent towards the carer. It may be that the carer has a history of violent behaviour, or is easily agitated or angered.

Lack of support: The individual may feel unsupported, or they may be inexperienced because of their age. This may lead to inadequate care and abuse of the individual even though it may not be intended.



Case study

2.2 Vulnerable individuals

Carlos is 28, has learning disabilities and lives with his brother Pepe. Carlos goes out every day with his brother to the local shops and to visit other family members and family friends. When Pepe works at night, he is worried about Carlos going out and being taken advantage of or coming to harm by others, and so he locks him in his room to keep him safe until Pepe returns home in the morning. Yesterday, Carlos tried to leave his room by trying to kick the door down, and now Pepe has threatened that he will no longer let Carlos see his friends and family if he does not do as his brother says.

Discuss:

- 1 Is abuse taking place?
- 2 If so, what type and in what way?



Research it

2.2 Legislation

Research legislation that is in place to support carers, such as The Care Act

2014. How does the Work and Families Act for example support individuals? What does it say about the protection that is available for carers?

Remember carers can experience abuse too

Remember that carers can also be victims of abuse. It may be that they suffer verbal abuse from the individual that they provide support for. They could be suffering physical and emotional abuse, for example the individual may refuse support and lash out. There is legislation such as the guidance in the Care Act 2014 to protect carers. Go to LO5, [AC 5.2](#) for more information on this.

The environment or setting

Other factors that may contribute to an individual being more vulnerable to abuse are associated with the environment the individual lives, works or socialises in. For example, individuals who:

- **live in a remote location** such as at the end of a quiet road, on the top floor flat of a building (where few visitors are received) may become separated from the people who know them well such as family and friends. Families may be unable to visit regularly and individuals are isolated. This may make them a target for abuse because there is less likelihood that anyone will recognise the signs or symptoms that they are being abused.
- **receive care or support in settings that are poorly managed** may be abused because there will be a lack of monitoring of care workers to check that they are following the procedures for keeping individuals safe. The abuse may be intentional, or it may be accidental if care workers follow poor practice as a result of a lack of support or training.
- **receive care or support in settings that lack resources.** Care workers who have large and stressful workloads may feel under-valued and over worked. This may leave them feeling frustrated and stressed with the individuals they provide care and support to. There may be shortage of staff and emphasis may be placed on the needs of the setting rather than those of the individual, all resulting in poor quality care, lack of time made for the individual and general disregard for the individual's needs.

Evidence opportunity

2.2 Factors

Read through the research report produced in November 2015 by Age UK,

‘Financial Abuse Evidence Review’ that explores why older people are more likely to experience financial abuse. It can be accessed here:

www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Financial_Abuse_Evidence_Review-Nov_2015.pdf?dtrk=true

Discuss the findings with a colleague and outline your findings by producing a written account that describes the factors that may make older people and individuals more vulnerable to financial abuse. Ensure you summarise in your own words.

As before, with the signs and symptoms, these factors are not evidence of abuse. For example, just because a family member is under stress, does not mean that they are abusing the person they care for.

Case study 2.1, 2.2 provides you with an opportunity to consider how to recognise the signs and symptoms of abuse in an individual as well as know the factors that may make them more vulnerable to abuse.



Case study

2.1, 2.2 Recognising abuse

Elsie is 70, has a learning disability and lives in a residential care home; you work there as a senior care assistant. Elsie's family and friends have spent all Sunday afternoon with her as it was her birthday. As soon as everyone leaves, Elsie appears unhappy and tells you she is going to stay in her room this evening. Later, you go up to Elsie's room and ask her how she's feeling. She shakes her head and in a tearful voice tells you she has a stomach ache and doesn't want anything to eat this evening. You respect Elsie's wishes and leave. At the end of your shift, you record your observations of Elsie, including what she told you.

The next morning when you arrive at work Elsie appears her happy, usual self. You ask her how she is and she tells you she is fine and is about to watch a film with the others in the lounge. A half hour or so later the doorbell rings. It is Elsie's brother, who says he just thought he'd visit Elsie again to ask her about whether she enjoyed her birthday yesterday. You ask Elsie's brother to come in and, at the same time, notice that Elsie looks up from the lounge, sees him, looks shocked and shouts out that she's got

another stomach ache, is going to her room and doesn't want to be disturbed.

Discuss:

- 1** What are your immediate thoughts, after reading this Case study about Elsie's behaviour? Why?
- 2** Identify any potential signs and symptoms that may indicate that Elsie is being abused.
- 3** What factors do you think make Elsie more vulnerable to abuse?
- 4** Have you come across a situation like this in your setting? How did you respond? Were the signs different? Was the individual vulnerable in other ways?

LO3 Know how to respond to suspected or alleged abuse

Getting started

Think about how you would feel if you were verbally abused by someone in a busy place such as in a high street and no one did anything to help you. Why do you think you would feel this way?

Now imagine you witnessed someone you did not know being verbally abused out in public. Would you intervene or not? Explain why.

AC 3.1 Explain the actions to take if there are suspicions that an individual is being abused

Recognising the signs and symptoms of abuse is not enough on its own to protect individuals from abuse because you will also need to know what to do when you suspect an individual is being abused. In addition, it could be that someone else shares their **suspicions** with you, or an individual tells you that they are being abused.



Key terms

Suspicions of abuse occur when you notice signs or are told by someone about signs that make you think or suspect abuse is happening.

Allegations of abuse are when an individual tells you that they are being abused. Other people may also allege that abuse is happening to individuals.

It can often be difficult to accept that abuse may be happening, because you may worry that you could be incorrect or raise concerns unnecessarily and it may be the first time that you have come across it. However, if you have any suspicions that an individual is being abused you must always act on it; doing nothing is not an option. You must show **courage** because it is your legal duty of care to protect the individuals that you care for. Your agreed ways of working will detail the actions you will be expected to take in line with the agreed scope of your job role if there are suspicions that an individual is being abused.



6Cs

Courage

Courage means standing up for what you believe in when you know it is the right thing to do. When you suspect that abuse is happening, you can be courageous by showing that abuse will not be tolerated and any suspicions that an individual may be at risk of being abused or harmed will be acted on straight away. You can show your courage by ensuring you discuss your suspicions, however small, with your manager as soon as you have them so that individuals will be kept safe and protected from being abused or

harmed.

When the individual is the employer

Not all workers are employed by organisations. Sometimes individuals and/or their representatives directly employ their own personal assistant and therefore the individual is also the employer. Where this is the case, you will need to familiarise yourself with the roles and responsibilities that are set out in your contract of employment, as well as the local authority's procedures that are in place for where you work.

Actions to take

[Figure 1.3](#) explains the key actions to take if you suspect that an individual is being abused and each of the points are explained in a bit more detail below.

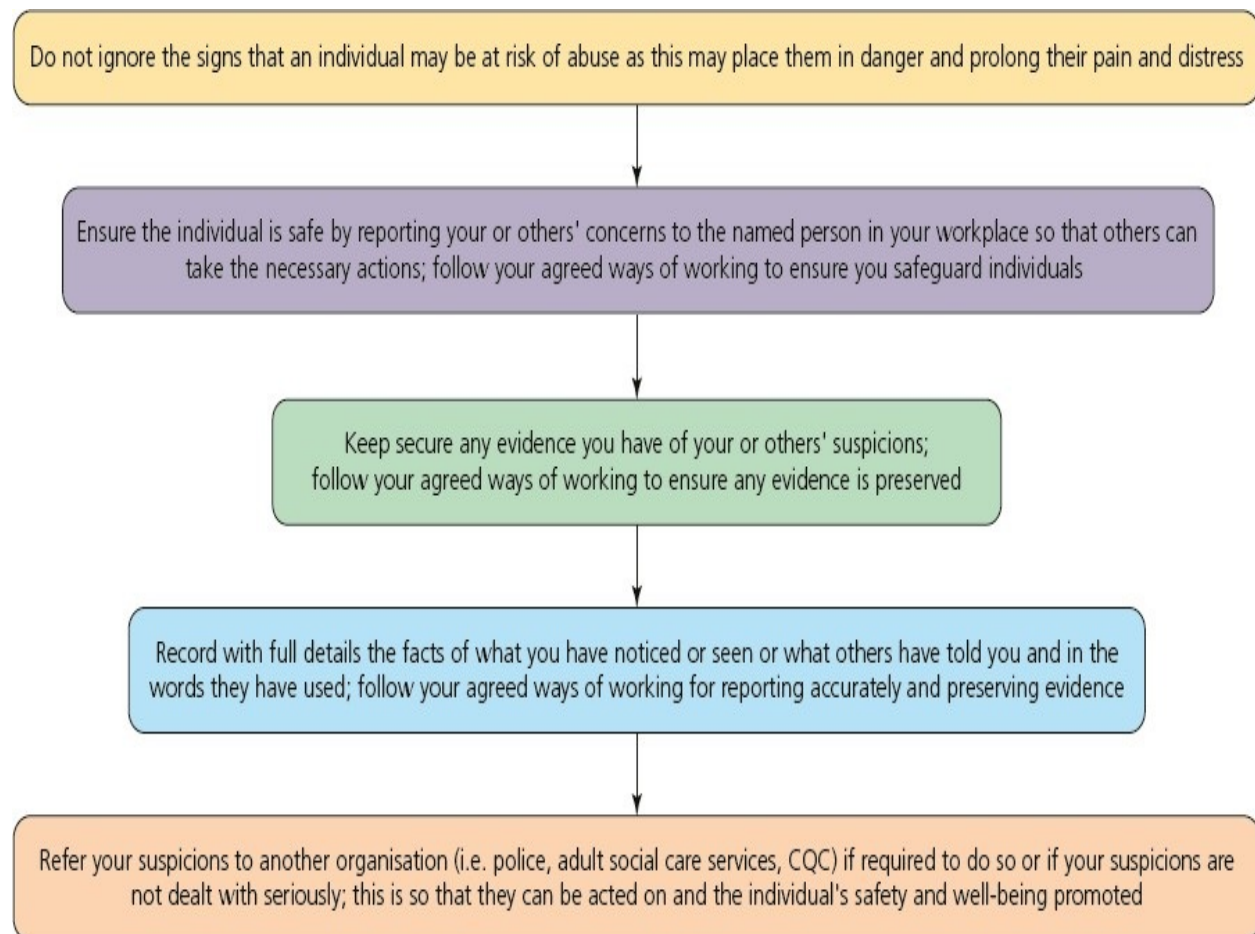


Figure 1.3 Actions to take when there are suspicions of abuse

- 1 Do not ignore any signs that an individual may be at risk of abuse as this may place them in danger and prolong their pain and distress. Even if it is a

suspicion and the individual has not made an **allegation**, you should still act immediately and follow the next step.

- 2 Ensure the individual is safe by reporting your concerns to your manager or the named person in your setting so that others can take the necessary actions and safeguard individuals. They will be able to advise on what action to take and whether you will need support and further advice from anyone else, such as the individual's family or medical assistance from a GP.
- 3 Keep evidence secure. If you, or others have suspicions, follow your agreed ways of working to ensure any evidence is preserved (see [AC 3.3](#) for more information).
- 4 Record, in full, the facts with details of what you have seen (or what others have told you) and in the words they have used – follow your agreed ways of working for reporting accurately and preserving evidence. This may take the form of a written report, or if you need to, make an audio recording ensuring you back this up with a written report afterwards. Make sure that you record what your suspicions are with clear reasons for these. Suspicions should not be your opinions – they should be based on evidence and observation. Suspicions that others have told you about should also be clearly and accurately recorded. Detail is very important – remember to not confuse other people's opinions with facts. Record other people's suspicions at the earliest opportunity so you do not forget the exact details.

Dos and don'ts when taking actions if there are suspicions that an individual is being abused	
Do	Ensure that the individual is safe if they are at risk of immediate danger, harm or abuse.
Do	Ensure you report your suspicions in private to maintain individuals' confidentiality and privacy.
Do	Raise your concerns immediately – avoid delay because it may prolong an individual's distress and pain.
Do	Follow your agreed ways of working – this will ensure you are safeguarding individuals in line with your job role and responsibilities.
Do	Make sure that medical assistance is provided if there are signs of injury and abuse.
Don't	Confront the person you or others have suspicions about because it is not your role to do so – if you do you may place the individual at further risk of abuse.
Don't	Destroy any evidence of abuse – this will be needed if an investigation takes place. (You will learn more about this later on in this unit in AC 3.3.)
Don't	Complete your records in a rush or inaccurately – doing so may mean that individuals are not safeguarded from further abuse and harm.

- 5 Refer all your suspicions to another organisation (that is, the police, adult social care services, or the CQC) if your manager suggests that you should do so, or if your suspicions are not treated seriously. This is so that they can be acted on and the individual's safety and well-being is promoted.

Make sure that all safeguarding decisions are proportionate. You can do this by weighing up how low or high the risk is, that an individual may be abused or neglected. In this way, all safeguarding decisions made will be relative to the risk posed to the individual.

Capacity

You may come across issues around consent here. For example, your suspicions may be based on signs of serious abuse, but the individual may not actually allege abuse, or refuse to make any sort of statement against the abuser. This poses a dilemma for you and the setting.

As we discussed earlier, your role here will be to provide as much information as possible or simply be there for the individual. For example, if you see a bruise, or notice bleeding, you could help the individual by asking them if they would like any treatment: 'I notice a bruise on your arm, is it sore? Would you like a bandage for it?' Avoid asking too many questions at this point, however. Remember that if the injury is of a more serious nature, you must report this to a doctor so that they can decide on the best course of action.

You will also need to consider issues around capacity and whether the individual has the ability to make their own decisions. Much of your actions and intervention and those of your manager will depend on whether the individual has the capacity to make decisions and refuse treatment. See pages [17–18](#) for more information on confidentiality and consent.

Also see page [19](#) for more information on working in partnership.

People you may suspect

The actions you will take when you have suspicions will generally be the same whoever you suspect is committing the abuse against the individual. However, there may be subtle differences when someone you know or work alongside commits the abuse.

A colleague: it is important you do not confront your colleague or talk about your concerns with another colleague. You must report this to your manager.

Someone in the individual's personal network: the information discussed above relates to the people that may be in their 'network.' In other words, they

may be family and friends. You must report this to your manager.

Your line manager: it is important that you do not ignore your suspicions or worry about reporting this simply because it is your manager that you suspect; you must follow your organisation's whistleblowing procedures. (See [AC 4.4](#) for more information about whistleblowing.)



Reflect on it

3.1 Recording suspicions of abuse

How can you ensure all suspicions of abuse are recorded fully, in detail, factually and clearly? Why is this important? What are the consequences of not doing so? Reflect on your learning in [Unit 304](#) Promote effective handling of information (if you have already covered this unit) about completing records fully and accurately.

Evidence opportunity

3.1 Actions to take if you suspect abuse

Research the safeguarding procedures and agreed ways of working for the care setting where you work if there are suspicions that an individual is being abused. Discuss the key actions to take with your manager and obtain a witness testimony from them for evidence.

Produce a factsheet that explains the key actions to take if you suspect that an individual is being abused in the care setting where you work.

Others: others may refer to other professionals such as an individual's tutor or physiotherapist. Again, you must report your suspicions immediately to your manager and you could follow their organisation's whistleblowing procedures. (See [AC 4.4](#) for more information on whistleblowing.)

AC 3.2 Explain the actions to take if an individual alleges that they are being abused

When working with individuals, you will get to know them and develop good working relationships with them and their families over time. This means that their trust and confidence in you will grow which may in turn lead to them to confiding in you when things go wrong. For example, an individual may disclose to you that they are being abused, or someone they know, such as a family member, may allege that another person is abusing their relative. When this happens it is very important that you are compassionate towards them because the individual may be concerned that they are not going to be taken seriously or believed or be blamed for what has happened, and so making a [disclosure](#) or an allegation has taken a lot of courage and determination on their part.



Key terms

Disclosure of abuse is when an individual tells you that abuse has happened, or is happening to them.

The care setting where you work will have in place procedures and agreed ways of working for the actions to take if an individual alleges they are being abused. It is also important, as well as knowing what actions to take, that you understand the reasons why it is important to take these actions and the consequences of not doing so. [Figure 1.4](#) will help you with developing your understanding of the key actions to take and why these are important.

Believe them if they report abuse

Individuals may not report abuse because they worry about what will happen, or worry that no one will believe them. It is important that you listen carefully when someone tells you about any abuse they are suffering. Reassure them, be compassionate and make sure that they know you believe them. If they do not want you to tell anybody else, then remember that this is one area where you may not be able to keep information confidential. You should politely and calmly explain that you will need to speak to and tell your manager first and foremost about what they have told you, but reassure them that they will be kept informed, they will be asked before information is shared with anyone else and will be kept part of the process for safeguarding them.

Explain that you will need to pass on in confidence what the allegation is

By doing this, you can show that the individual knows you are taking them seriously and doing something about this. As we discussed above, you should explain that you will need to tell your manager. Reassure them that you will all help to protect them.

Confidentiality may be an issue here as the individual may have shared some very private information and it has taken a long time to report the abuse to just one person and so sharing information beyond telling you may be a big ask of them. The basic rules to remember around confidentiality when someone has alleged abuse are as follows:

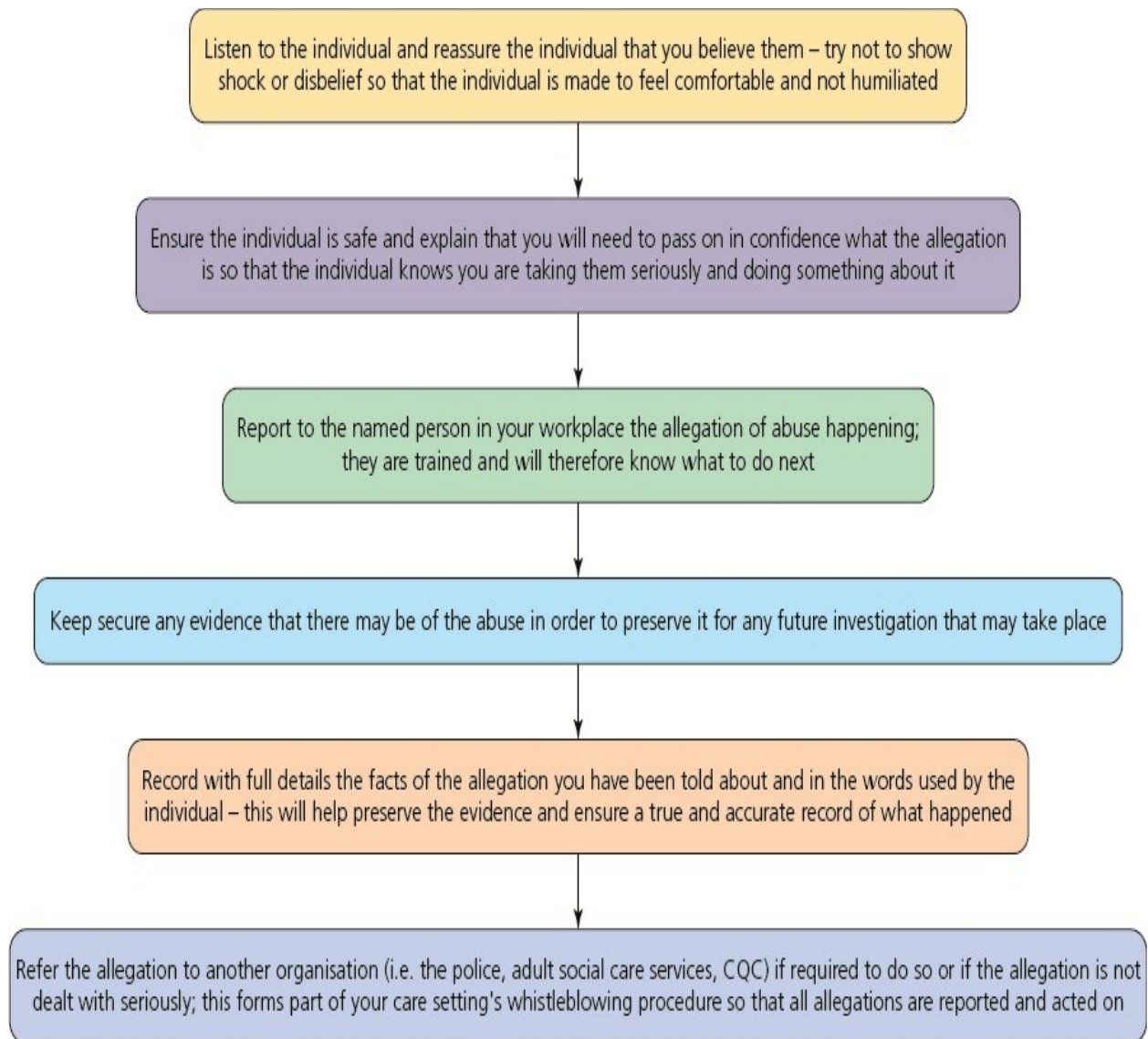


Figure 1.4 Actions to take when there are allegations of abuse

- 1** Always tell the individual who you will need to share allegations of abuse with – you should do this before you share the information.
- 2** Only share information with your manager in the first instance.
- 3** Check with the individual first that it is okay for you to tell others who will be able to provide support and advice. You will find it useful to refer to Unit 303 Promote communication in care settings, [ACs 4.1](#) and [4.2](#) about sharing information on ‘need-to-know’ terms.
- 4** If the individual does not consent or give you permission to share information with anyone besides your manager, tell your manager who will advise on the next course of action.
 - Sometimes there is simply nothing you can do if the individual has said,

‘no’ to sharing information.

- Or, it may be that you need to breach confidentiality if the individual’s life is in danger, or if a serious crime has taken place that puts the lives of others in danger. However, you must tell the individual who you will need to tell and why.

Also see Unit 304 Promote effective handling of information in care settings, [AC 1.1](#), on the Data Protection Act 1998/General Data Protection Regulation 2018.

There may also be issues around capacity that you will face here, for example if an individual lacks capacity to make decisions. Also see [Unit 305](#) Duty of care in care settings, for more information on capacity.

Consent

As mentioned above, consent may be another issue that you will face if the individual refuses to allow you to share information. However, it may not just be that the individual does not allow you to share information but that they refuse any action that will prevent further abuse. This can happen even if they have alleged abuse – they may have wanted to tell you about the abuse which may have relieved some of the stress they feel – but are just too frightened about any further action and treatment. For example, they may not want police protection or their home searched, they may fear the abuser, or they may not want to be examined.

Effective communication of information about the next steps and the reasons for these will be key. Remember to provide lots of reassurance, remind the individual that they are not at fault and that you will do everything you can to help and protect them. You will have to explain procedures carefully if individuals need to be medically examined, or you could ask medically trained colleagues to speak to the individuals as they may be best placed to provide advice here.

Also, as we discussed in the section on suspicions, there will be questions around capacity and you should refer to page [16](#) again here.

Empower individuals in the safeguarding process

If abuse is identified, you can empower individuals in the safeguarding process by discussing the different options for tackling the issue, including the benefits and potential risks. This is important because in this way individuals can make their own informed choices and remain in control.

Protect individuals during the safeguarding process

You can do this by ensuring that individuals have access to support and representation during the safeguarding process when they require it. For example, this may include an independent advocate and can be before or after they have reported abuse or neglect. This is important because in this way individuals will feel supported during the safeguarding process and are less likely to withdraw from the process or feel anxious.

Report the allegation of abuse

First, you will need to tell your manager or the named person in your workplace who is trained and therefore knows what to do next. Your setting will have its own policies and procedures for the recording and reporting of information. Normally there will be a report form you need to complete which will include very precise information about the allegation, such as, who made the allegation, when, how and to whom. It will also require details of any actions taken such as a medical examination and whether anyone else has been consulted, for example a GP. You will also need to include any information or actions that may not have been taken and still need to be taken.

Keep any evidence secure

This is in order to preserve it for any future investigation that may take place. See [AC 3.3](#) for more information on this.

Record with full details the facts of the allegation

As we discussed in [AC 3.1](#), make sure you record what you have been told about and in the words used by the individual – again this will help preserve the evidence and ensure a true and accurate record of what happened.

As with suspicions, remember to record with full details the facts of the allegation – what you have been told, in the words they have used. You can record the details in written form or make an audio recording. If recorded verbally, then make a written report afterwards. Remember not to confuse facts of what you have been told with any opinion. Accuracy and detail are key. It may be that you cannot get all the facts and information when the individual first makes the allegation, but either way, you will need to accurately record what you have been told and then follow up these points once you have more information. Make sure you record information at the earliest opportunity so that you do not forget the exact details. This will be especially important if you need to make a statement to the police or in court later on.

Refer the allegation to another organisation

If required to do so, you may need to refer an allegation to the police, adult social care services, or the CQC. You may need to do this if the allegation is not dealt with seriously by the care setting. This forms part of your care setting's whistleblowing procedure so that all allegations are reported and acted on. When referring the allegation, you should make sure that you provide as much information as possible. Your setting may have their own referral form but usually this will include details of the alleged abuse, actions that have been taken, information around consent and capacity, whether the individual knows you have referred them and background information. You should, however, refer to your own setting's referral form for a better idea of what one looks like.

Work in partnership

You can do this by ensuring that you work together in partnership with individuals and others. This will include the individual's family, friends and advocates, as well as your colleagues, manager and other professionals. For example, you can ensure that you share information so that you can all work to protect the individual in the most efficient way and only use ways of working that are person-centred. This concept is covered in [Unit 307](#). This is important because in this way you will all be working together to **care** for and support the individual and therefore make it less likely for the individual to be abused or neglected. As you get to know the individual, you will also be more likely to notice any unusual changes that may indicate that something is wrong. Working in partnership will also help with this as you will be able to learn more about the individual from others who know them well.

Be willing to account for your actions

You will need to take your role and responsibilities in safeguarding individuals seriously; this means accepting that you must account for all your actions. You can do this by ensuring that you attend safeguarding training and apply what you have learned in your day-to-day practices when working alongside individuals and others, as well as by spending time and making the effort to get to know the individuals that you care for and support. This is important because in this way you are ensuring that you are maintaining your expertise in safeguarding and recognising its importance as part of your role.

When handling allegations of abuse it is really important that you know how to do this both professionally and sensitively as doing so will make an enormous difference to the experience that the individual has sharing this personal information with you. Showing good practice when an individual alleges that

they are being abused is very important.



6Cs

Compassion

Compassion is essential when an individual alleges that they are being abused because without it the individual will be left feeling devalued, humiliated and at worst may even feel that what has happened to them is all their fault. Compassion involves putting yourself in the place of the individual and considering how you would feel if you shared a very intimate detail about something that happened to you with someone you trust and you were not believed or taken seriously. You can show your compassion when an individual alleges they are being abused by acknowledging what they tell you, giving them reassurance that they have done the right thing and telling them what you are going to do next so that they know that they have been listened to and taken seriously.

Care

Good care involves working in ways that are consistently positive and supportive. In relation to safeguarding individuals, working together with others to provide good care ensures that individuals' rights and safety are promoted in a consistent way by everyone. Care also promotes the well-being of individuals. Telling them about what safeguarding means, and what abuse is, can even help to prevent abuse or neglect as well as create awareness of the actions that can be taken if their rights to live safely are violated or disrespected.

Dos and don'ts for when an individual alleges abuse	
Do	Show that you believe what an individual is saying.
Do	Listen to what the individual is telling you without interrupting or questioning them. Give the individual time to talk to you and share with you how they are feeling and make sure they can see that you are listening. Refer to Unit 303 Promote communication in care settings.
Do	Let the individual lead the conversation.

Dos and don'ts for when an individual alleges abuse	
Do	Reassure the individual that they have done the right thing by telling you. Sit with them and explain what actions you are going to take next.
Do	Inform the individual why you must report the allegations of abuse and to whom. Reassure them that all information shared will be in strictest confidence. It is also important that you ask your care setting to keep you informed of what actions have been taken and decisions reached so that you know it has been dealt with appropriately and the individual is protected.
Do	Encourage the individual to allow you to share information if they say they do not want you to. Calmly explain the reasons and benefits for sharing information.
Do	Ensure the individual is not left alone with the person they are alleging they have been abused by. This will usually involve the person accused of the abuse not being able to visit the individual until the investigation into the allegations of abuse is complete.
Do	Record all allegations of abuse made to you fully and accurately. The care setting where you work will have a form that you will be required to complete; it is important that you do so and that you keep it confidential so that the correct information is provided on which actions can be taken quickly to ensure the safety of the individual. The information you record must also be documented legibly and only contain the facts of what was disclosed to you; again, this will help with establishing what happened to the individual.
Don't	Look shocked – as this may be misinterpreted by the individual as you not believing them.
Don't	Ask lots of questions.
Don't	Tell the individual that you will not share information when you know you have to. Be honest in your interactions to maintain trust in your relationship.
Don't	Move the individual from the person because this may make the individual feel that they are to blame.



Research it

3.2 Recording abuse

Carry out some research in the care setting where you work to find out about the records that you are required to complete when an individual makes an allegation of abuse.

Discuss with your manager the information that you are required to document as well as the reasons why and how you should do this in line with your care setting's agreed ways of working.

Evidence opportunity

3.2 Actions to take when abuse is alleged

Discuss with your assessor the actions to take if an individual in your care setting alleges that they are being abused. Remember to explain the reasons for your actions.

AC 3.3 Identify ways to ensure that evidence of abuse is preserved

You will also have a role to play in ensuring all evidence related to a suspicion and an allegation of abuse is preserved.

Why is preserving evidence of abuse important?

Preserving evidence is important:

- so that an investigation into what happened can take place (you may need this for further investigation in the setting or you may need to pass this on to the police)
- because evidence can support any suspicions you have and allegations that have been made
- so that the person carrying out the abuse can be prosecuted and brought to justice.

What evidence of abuse can be preserved and how?

- **Body fluids:** in the case of sexual abuse, body fluids that can be used as evidence include blood and semen left on the individual, on clothing and on bed linen. You can ensure the individual does not have a bath or shower, have contact with other people and ensure that the affected items are not touched or washed. It may even be that the individual should not remove the clothing if the abuse has just taken place. In this way, this evidence can be preserved. If possible, others should not be allowed to enter the area where the abuse has taken place.

Evidence opportunity

3.3 Preserving evidence

Discuss with your assessor your role and responsibilities when preserving evidence of suspicions and allegations of abuse. What are your employer's expectations of you when putting these into practice? Why?

- **Broken items or personal possessions** can be used as evidence. You should make sure that there is no attempt to clean or remove these. They should be left exactly as you found them and you should not allow anyone else to clean or remove these items.
- **Photographs:** photos of people's living environments can be used as evidence

of neglect.

- **Witness testimonies:** these may be used as evidence for physical abuse that may not necessarily have left a visible injury.
- **Records:** previous records that you have made about suspicions or allegations can also be shared as evidence. This is why it is very important to record, sign and date any details of this nature straight away – as you will be less likely to forget what you have been told, the record will be more accurate and it cannot be altered later.
- **Prints:** in the case of financial abuse (fraud or theft), financial documents such as bank statements, or statements of transfer can be used. Fingerprints and footprints on items can also be preserved by ensuring that people are not allowed to touch anything or to enter the area where the abuse is suspected or alleged to have taken place.

LO4 Understand the national and local context of safeguarding and protection from abuse

Getting started

Think about a case of abuse you have heard about in the media. You may have read about a case in the newspaper or heard about it on television. What happened? Which organisations were involved in safeguarding the individual? For example, adult social care services or the police?

Now think about the care setting where you work; who safeguards the individuals you provide care or support to in your care setting? What is your role?

AC 4.1 Identify relevant legislation, national policies and local systems that relate to safeguarding and protection from abuse

Safeguarding the individuals you work with also involves learning about the key legislation, national policies and **local systems** (see page [24](#) for definition) that are in place for safeguarding adults. Legislation, policies and systems change and are updated so it is important that you keep your knowledge up to date so that you can ensure your knowledge and work practices in relation to safeguarding individuals is current. You can do this by, for example, attending training updates and reading through any information updates provided by your employer and referring to the government's website (www.gov.uk) on a regular basis. You should also refer to [Unit 301](#) on personal development and [AC 5.3](#) about keeping up to date with your knowledge and work practices.

Legislation

[Table 1.2](#) provides some useful information about the current legislation that exists in relation to safeguarding adults.

Table 1.2 Legislation and how it safeguards individuals

Legislation	How it safeguards adults
Modern Slavery Act 2015	● Aimed at tackling slavery, servitude and forced or compulsory labour in the UK ● Addresses issues such as human trafficking and the exploitation of people
Care Act 2014	● Identifies the ten types of abuse and neglect that individuals may experience ● States that individuals' safety and well-being must be promoted to safeguard them from abuse and neglect ● States that organisations must work in partnership to keep individuals safe ● States that effective safeguarding policies and procedures must be developed ● Established the role of Safeguarding Adults Boards ● States that individuals must have access to representation during the safeguarding process, for example, access to an advocate. The right to an advocate is one of the areas specifically covered in the legislation
Health and Social Care Act 2012	● States that services such as health and social services (now adult social care services) must work in partnership to improve the care provided to individuals ● Established the role of clinical commissioning groups (CCGs) to safeguard individuals who access health and social care services, for example by responding to abuse and neglect that takes place, undertaking enquiries or reviews of services where abuse or neglect has taken place ● Established the role of health and well-being boards to oversee the provision of services in each local area
Equality Act 2010	● Safeguards individuals from unfair treatment and discrimination ● Makes it unlawful to discriminate against individuals based on one of the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation
Safeguarding Vulnerable Groups Act 2006	● Established the Vetting and Barring Scheme that prevents people who are not suitable to work with individuals with care or support needs from doing so ● Established the Independent Safeguarding Authority (ISA) which later merged with the Criminal Records Bureau (CRB) to become the Disclosure and Barring Service (DBS) (see page 24 for definitions)
Mental Capacity Act 2005	● Safeguards individuals who are unable to make choices and decisions for themselves because they lack the capacity to do so, i.e. due to an illness or a disability ● Based on five key principles: 1 Always assume that individuals are able to make their own decisions; never assume that they do not have the capacity to do so 2 Support individuals so that they can make their own choices and decisions 3 Respect individuals' rights to make decisions that others may not agree with 4 All decisions made on an individual's behalf, i.e. when they lack capacity, must always be in their best interests 5 Decisions made on an individual's behalf must be the least restrictive option, i.e. the option that promotes the individual's rights as much as possible
Mental Health Act 1983	● Gives rights to individuals with mental health needs ● Promotes individuals' rights when being assessed and treated in hospital, for example consent to medical treatment ● Promotes individuals' rights when being treated in the community, for example receiving aftercare
Human Rights Act 1998	● Gives rights to every individual who lives in the UK, such as the right to life, right to liberty and security, and prohibition of slavery and forced labour ● Promotes individuals' rights to respect, freedom, privacy, equality, dignity and fairness ● Includes individuals' rights to live safely, independently and not to be harmed or treated cruelly
Female Genital Mutilation Act 2003	● Made it illegal to perform female genital mutilation (FGM), including assisting a girl to mutilate her own genitalia ● Extended the previous legislation by making it an illegal act for UK nationals to perform FGM outside the UK

Legislation	How it safeguards adults
Data Protection Act 1998	● Promotes individuals' rights to security over the use of their personal information by others, for example restricts who can access their data, how long it can be kept for ● Promotes individuals' rights to privacy over the use of their personal information by others, for example gives individuals rights to access their own data and ensure it is accurate and up to date ● Replaced by the GDPR in 2018 (mentioned below)
General Data Protection Regulations 2018	● Replaces the Data Protection Act 1998 ● See Unit 304 Promote effective handling of information in care settings, AC 1.1, for more information. Also see Unit 303, AC 4.1
The Public Interest Disclosure Act 1998	● Protects workers who disclose information about malpractice including abuse at their current or former workplace for example, by ensuring organisations have whistleblowing procedures in place ● Promotes individuals' rights to be protected from abuse or harm by ensuring any suspicions or allegations of abuse can be reported by workers free from fear or repercussions from their employers



Research it

4.1 Legislation

There are various other pieces of legislation that protect people from abuse. These include the Sexual Offences Act 2003, the Health and Safety at Work Act 1974, Mental Health Act 1983, Family Law Act 1996, Criminal Justice Act 1998, Care Standards Act 2000, Protection of Vulnerable Groups 2007, Protection from Harassment 1997, Fraud Act 2006 and Office of the Public Guardian.

Research three pieces of legislation that are relevant to safeguarding and protecting adults from abuse. For each one, identify the reasons why they are relevant. Produce a poster with your findings.

You will find the UK Government's website a useful source of information: www.gov.uk

You may also wish to do some research into how health and social care policy has evolved over the years. You may find it useful to read 'Our

Health, Our Care, Our Say’.



Key terms

Local systems may include employers’ safeguarding policies and procedures as well as multi-agency protection arrangements for your local area, for example a Safeguarding Adults Board.

Safeguarding Adults Boards (SAB) safeguard adults with care or support needs by overseeing local adult safeguarding systems and ensuring all organisations work in partnership. See [AC 4.2](#) for more information on these.

An **advocate** is an independent person who supports an individual to express their views and interests when they are unable to do so themselves.

Clinical commissioning groups are organisations that are responsible for the provision of NHS services in England.

Health and well-being boards are health and social care organisations that work together to improve the health and well-being of the people living in the local area they are responsible for.

The **Vetting and Barring Scheme** ensures that anyone who is not fit or appropriate to work with adults and children does not do so.

The **Disclosure and Barring Service (DBS)** is a government service that makes background checks for organisations on people who want to work with children or adults with care or support needs.

Whistleblowing refers to when a person exposes any kind of information or activity that is deemed illegal, unethical or not correct, for example unsafe practices, abuse, harm.

National policies and local systems

As well as legislation there are also policies that apply nationally across England. There are also local systems in place for safeguarding adults who have care or support needs (see page [26](#) for more information). [Table 1.3](#) gives you some examples of both.

Table 1.3 National policies and local systems and how they safeguard adults

National Safeguarding Policies	How it safeguards adults
Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work 2011	It is published by the Association of Directors of Adult Social Services (ADASS) (see page 26 for more information). It safeguards individuals by providing best practice guidance to those in leadership roles in services. This is so that individuals who have care or support needs can have access to (care and support) services that are more effective in terms of safeguarding them from abuse and neglect.
A Vision for Adult Social Care: Capable Communities and Active Citizens 2010	Published by the Department of Health (DoH). Promotes individuals' rights to take control of their care by ensuring information about care services is made available to individuals, therefore making them less likely to be abused or harmed. Promotes working in partnership between individuals and other agencies to ensure individuals are active partners in their care, for example in care services, housing services, the NHS. This is to reduce individuals' risk of being abused or neglected.
Think Personal: Act Local 2010	Established as a national initiative that ensures individuals who have care or support needs are the focus in their care or support, for example by promoting person-centred ways of working. Promotes individuals and other agencies working in partnership to provide effective care and support services that are person-centred.
Deprivation of Liberty Safeguards (DOLS) 2008	Safeguards individuals from having their liberty deprived unlawfully. For example, a setting such as a care home is required to seek authorisation to deprive an individual of their liberty because they feel it is in the individual's best interests.
Dignity in Care 2006	An ongoing campaign that aims to improve the quality of care or the support individuals receive in adult care services. Promotes person-centred ways of working that include showing respect for individuals' rights to make their own choices and decisions thus reducing their risk of being abused or harmed.
Professional Registration and Standards	Requires professionals, for example doctors, nurses and social workers to register with a professional body so that they can ensure they are practising to the current standards and continuing their professional development. Organisations such as Skills for Care (see page 26) publish codes of conduct and standards for adult care workers so that they can comply with best practice standards when carrying out their job role. For example, the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England, The Care Certificate Standard 10 Safeguarding Adults. The Care Quality Commission regulates adult care services and set the Fundamental Standards of Quality and Safety for all those organisations registered with them who provide care services. These Fundamental Standards are essential for preventing abuse, harm and neglect of adults.

Local Safeguarding Systems	How it safeguards adults
Safeguarding Adults Boards	Local authorities are responsible for setting up a Safeguarding Adults Board (SAB). Provides strategies to safeguard individuals but also to deal with issues that affect specific individuals. For example, they can decide that they need to increase awareness of abuse in the local area through publicity, or they may deal with complaints around abuse against a care worker in a setting. Made up, for example, of different agencies including the police, housing, transport all of whom can bring their expertise to a situation. This is what is meant by multi-agency working (see AC 4.2 for further information). A SAB is responsible for arranging a Safeguarding Adults Review (SAR) when an adult in its locality dies as a result of being abused or neglected or if there are suspicions that an adult may have experienced abuse or neglect because agencies such as care services, health services could have worked together more effectively.
Organisations' policies and procedures	All adult care services are required to have safeguarding policies and procedures in place – ones that define the different types of abuse and neglect, set out how individuals will be safeguarded, how to report concerns and arrangements for whistleblowing.



Key terms

The **Association of Directors of Adult Social Services (ADASS)** is a charity whose members are active directors of social care services and whose aim is to promote high standards of social care services.

Skills for Care is the Sector Skills Council for people working in social work and social care for adults and children in the UK as well as for workers in early years, children and young people's services. It sets standards and develops qualifications for those working in the sector.

Evidence opportunity

4.1 Legislation

Research and reflect on the national policies and systems that are in place that influence the safeguarding arrangements in place at the care setting where you work. Why are these important? How do they impact on your ability to safeguard and protect the individuals you provide care for?

Make some notes on your thoughts and then produce a one-page information handout that identifies examples of relevant legislation, national policies and local systems that are in place to safeguard and protect adults from abuse.

AC 4.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse

As you will know, safeguarding and protecting individuals from abuse is achieved by agencies working together in partnership. The important work of these agencies recognises that:

- all individuals must be supported to be in control of their lives. This includes also being in control of their care or support
- all individuals have a right to live their lives in safety and free from abuse or being at risk of abuse
- everyone has a role to play in preventing abuse from happening and responding to abuse when it occurs.

Below are some examples of the roles of different agencies that have an important role to play in safeguarding and protecting individuals from abuse.

Local authorities (adult social care services) are responsible for overseeing and co-ordinating how different agencies work in partnership to safeguard and protect individuals from abuse. Local authorities are responsible for setting up Safeguarding Adults Boards so that they can ensure that all agencies are working together in partnership. One of the reasons local authorities manage how agencies are working together is to ensure individuals are being safeguarded and protected from abuse. They will ensure that all the agencies are working to the same consistent standards and ensuring positive outcomes for all individuals with care or support needs.

Safeguarding Adults Boards are responsible for working with agencies in each local authority to ensure they develop effective systems for safeguarding and protecting individuals from abuse. Safeguarding Adults Boards can safeguard and protect individuals from abuse by ensuring that agencies work in consistent ways, for example by sharing information about individuals who may be at risk of abuse. They can respond to abuse quickly and ensure they work in partnership to ensure individuals' rights, safety and well-being are protected by all agencies working with them. Safeguarding Adults Boards also promote agencies working together to share good practice so that they can learn from one another.

Health and social care settings are responsible for developing policies, procedures and agreed ways of working to ensure individuals are safeguarded and protected from abuse. Each service has a responsibility to ensure, for example, that their care workers are fully trained in safeguarding and the

protection of individuals from abuse. In addition, they ensure that care workers have effective agreed ways of working in place, for example to inform the individuals they care for about what abuse is so that the individuals can be in control of their care and support and therefore less likely to be abused.

The Care Quality Commission is responsible for regulating the provision of health and care services by monitoring care and support services to ensure they safeguard and protect individuals from abuse. The Care Quality Commission also helps to safeguard and protect individuals from abuse by ensuring that best practice is highlighted and shared with, for example, organisations and Safeguarding Adults Boards. They can also raise their concerns with Safeguarding Adults Boards if they find a service is placing individuals at risk of being abused.

Voluntary agencies are responsible for providing independent advice and support to individuals, their families and workers in relation to safeguarding and protection from abuse. These can include Action on Elder Abuse, ADASS, and whistleblowing helplines. Voluntary agencies can provide useful information and much needed support; for example, when an individual is being abused or an individual's family is worried that they may be at risk of being abused.

Evidence opportunity

4.2 Roles of different agencies

Research the safeguarding procedures in place for the local authority where your care setting is located. Find out about the different agencies that your local authority works in partnership with to safeguard adults from abuse. You will find your local authority's website a useful source of information. Discuss the roles of each agency with your manager and obtain a witness testimony.

Produce a leaflet that explains the roles of these different agencies, the professionals who work for them and how the different agencies work together. Include the key responsibilities for safeguarding and protecting the individuals for whom you provide care.

The police are responsible for responding to reported actual abuse, to individuals at risk of abuse or investigating incidents of abuse or alleged abuse. The police are also a useful source of information on what action to take if you think an individual is at risk of abuse or how to minimise the risk of an individual being abused. For example, the police can raise awareness about

fraudulent scams that are operating in their area or provide advice on how individuals can make their homes more secure.

AC 4.3 Identify factors which have featured in reports into serious cases of abuse and neglect

When safeguarding systems and the agencies who work together to safeguard adults from abuse and neglect are not as effective as they should be then this has very serious consequences that can result in serious failures to safeguard and protect individuals from abuse. It is these serious failures that are reported in the media and through which the public becomes aware of how care and support services for individuals can fail them. You may have heard of some of the following examples where care has gone wrong and where settings failed to protect individuals from abuse:

- Wyton Abbey Residential Home – where an individual with dementia who was on a two-week stay at the care home did not receive the care and treatment he required, which resulted in his death
- Winterbourne View Hospital – where individuals with learning disabilities were abused and neglected by the staff who worked there
- Purbeck Care Home – where individuals at a care home were abused by staff.



Reflect on it

4.3 Abuse reported in the media

Reflect on a case of abuse and neglect you have heard about in the media. For example, this may be one of the care settings listed above, or perhaps another example reported in your local area. How did the news report make you feel?

Now imagine you were the individual or a member of this individual's family – how do you think this made them feel?

After a serious failure in safeguarding to protect individuals from abuse has occurred a Safeguarding Adults Review will take place. It is a detailed process that reviews:

- the abuse that happened
- how it happened
- what allowed it to happen
- how it could have been prevented
- what needs to be changed in order to prevent it from happening again

- the key lessons learned.

Safeguarding Adults Reviews also review the services provided by each organisation.

Once the Safeguarding Adults Review (previously known as a Serious Case Review) is completed, a report of its findings is published and made public so that everyone can learn from its key findings and prevent abuse from occurring again. For example:

- The Serious Case Review report published for the abuse of people with learning difficulties at Winterbourne View Hospital found that the abuse that happened was in the main due to professionals and others not responding to incidents of abuse that took place, not challenging poor working practices as well as not understanding their own and one another's roles and responsibilities.
- The Serious Case Review report published for the abuse of Stephen Hoskin found that the abuse that happened was mainly due to the agencies supporting Stephen not sharing information they had received about the concerns that there were about Stephen's safety. In addition, the professionals supporting Stephen did not recognise the signs that he was being abused and therefore did not respond to his cries to help, which included repeatedly phoning emergency services.

Evidence opportunity

4.3 Factors that have featured in reports

Research a Safeguarding Adults Review that has been published following a case of an individual or individuals who have been abused.

Read through this and then produce an information leaflet on the different factors that featured in the abuse and neglect.

You will find the internet a useful source of information; each local authority will also publish all the reports that it has completed on its website.

Responding to abuse is everyone's responsibility and although we can all learn lessons from reports published into serious failures to protect individuals from abuse, it is important that you are able to recognise and respond to individuals at risk from abuse so that you can safeguard and protect them from being abused and neglected.

AC 4.4 Identify sources of information and advice about your role in safeguarding and protecting individuals from abuse, including whistleblowing

To understand your role and responsibilities in safeguarding and protecting individuals from abuse you may need to seek further information and advice from the care setting where you work. This can include:

- **Your manager** will be able to guide you on how carry out the job you are employed to do in ways that safeguard individuals and protect them from abuse. Your manager can guide you with any aspect you are unsure about or arrange extra training around safeguarding. (Your manager can also advise you on how your job role fits in with other professionals and the agencies you work with.)
- **Your colleagues** will be able to inform you of the procedures to follow if you have concerns about an individual or if you witness unsafe practices that may lead to an individual being abused or placed at risk of abuse. More experienced colleagues may also be able to provide you with advice about your responsibilities for safeguarding and protecting individuals from abuse.
- **Safeguarding policies and procedures** will provide you with information about the agreed ways of working that you must follow in your care setting. They will detail the process to follow if you have concerns that an individual is being abused or is at risk of being abused. They will also include information about the whistleblowing procedures in place including the external organisations you can seek support from if your concerns are not taken seriously.
- **Safeguarding training** provided to you will ensure that you keep yourself up to date with how to ensure that your working practices reflect best practice and current legislation for safeguarding and protecting individuals.

Other sources of information and advice can also be accessed through external organisations, such as, from the Care Quality Commission who will be able to respond to any concerns you have relating to an individual being abused or at risk of being abused. Similarly, if you believe that there are failures within the care setting where you work and they are *not* being taken seriously or *not* being responded to effectively, then you can report your concerns to them. They also issue guidance on how to be a [whistleblower](#). The Care Quality Commission's website frequently publishes reports of both good practices and serious failures in the provision of care and support services to individuals.



Key terms

A **whistleblower** is a worker who exposes or reports any information that is deemed or thought to be illegal, unethical, unsafe or not correct.

- **The police** will be able to provide you with information and advice about what to do if an individual is being abused or is at risk of being abused, including whether a criminal act has been committed and whether any unsafe practices you may have concerns about are unlawful.
- **The local authority** adult care services department will be able to provide you with information and advice about what to do if you have concerns that an individual is being abused or is at risk of being abused. Each local authority will also have information on their website about the role and purpose of their Safeguarding Adults Board, good practice guidance for safeguarding individuals from abuse to be shared with all agencies as well as the reports based on the findings from Safeguarding Adults Reviews completed within the local area.
- **Independent organisations** whose role is to provide information and advice on best practice when safeguarding individuals from abuse, including the most effective ways of working for achieving positive outcomes for individuals. For example, the Social Care Institute for Excellence (SCIE), the Carers Direct Helpline and whistleblowing helplines.

Whistleblowing

To whistleblow means to report any unsafe or illegal working practices used in your setting. One of the key concepts of whistleblowing is that you must have reasonable belief that disclosure is in the interest of the public. Remember, sources of information and advice about whistleblowing can be obtained – from both your place of work and sources outside of work as mentioned above.

Whistleblowers receive protection. For example, the employment rights or career of a whistleblower will not be affected as a result of them reporting unsafe practice. Legislation is also in place to protect a whistleblower (see legislation section on page [49](#) at the end of this unit). Your care setting will have a whistleblowing policy and procedures in place for advice on what to do.



Figure 1.5 How can you raise your concerns about unsafe practices at work?

Remember that you have a duty of care to report any unsafe and illegal practice, even though it may seem scary to report the people you work with. If you feel you are unable to speak to the manager in your care setting then you can report your concerns to someone more senior or go directly to the Care Quality Commission. You can do this by telephoning them or emailing them with your concern(s). All information you share will be treated as confidential – and if you prefer, you can do this anonymously (this means that you do not have to leave your name or contact details when you email or telephone).

Anything you suspect that is of a criminal nature should still be discussed with your manager first, but you must then contact the police about this.

If your report is about the setting where you work and not just a colleague, then you may need to go directly to the CQC. Obviously, if there are minor concerns that you feel you are able to speak to your manager about, then you should discuss these with them first. If, however, the concerns are of a more serious nature such as failures to care for individuals on the part of the setting, you may need to go directly to the CQC. You should also refer to institutional abuse in [AC 1.3](#).



Research it

4.4 Whistleblowing guidance

Research the guidance: 'Whistleblowing: Quick guide to raising a concern with CQC' which can be accessed from the CQC's website:

www.cqc.org.uk/contact-us/report-concern/report-concern-if-you-are-member-staff

Discuss the key points from this document with a colleague.

Evidence opportunity

4.4 Sources of information

Develop a poster that identifies your role in safeguarding and how to source information and advice when protecting individuals from abuse. Use examples of both internal (in the work setting) and external (an organisation separate to your work setting) sources of information.

AC 4.5 Identify when to seek support in situations beyond your experience and expertise

Safeguarding and protecting individuals from abuse is part of your duty of care and responsibility as an adult care worker. At the same time, you cannot expect to know everything about abuse. Doing nothing is not an option, therefore, should a situation arise where you have no experience (or it is outside your area of expertise) it is important to seek help.

There may be times when you do not have experience and the expertise in something and you just do not know how to respond to a situation. [Table 1.4](#) provides you with examples of situations when you will need to seek further support from either or both internal and external sources.

Evidence opportunity

4.5 How to ask for support

Discuss with your manager the agreed ways of working to follow when seeking support in two safeguarding situations where you have no experience or that are beyond your area of expertise. Obtain a witness statement to ensure you can evidence this.

Table 1.4 Situations where you may need to seek support

When to seek support	The reasons for seeking support
You are dealing with a situation where a crime has been committed.	You will need to seek support from police when a crime is committed, for example when an individual has been burgled and has had their property damaged. You may not have expertise in how to handle this situation and how to preserve evidence.
You are dealing with a situation which requires a medical procedure which you have no knowledge of or skills in.	You may need to contact a medical professional when you do not know how to carry out a procedure or administer medication, for example when an individual is bleeding from the head. This will ensure the individual receives appropriate medical care and is not placed in danger.
You are dealing with an individual with an illness you have no medical expertise in, such as dementia.	You may need to contact a medical professional, or a charity such as Alzheimer's Society for more information on supporting an individual with dementia.
You witness an individual's family member shouting at their relative during one of their visits.	Seeking support from your manager will ensure the appropriate actions can be taken and the individual can be protected from any further abuse. By doing this, you are practising your duty of care to safeguard this individual. You can ensure that your safety is also maintained by seeking the support of your manager.
You report your concerns of an individual in your care setting being at risk of abuse from a colleague and your manager is too busy to deal with this.	Seeking support from an external organisation such as CQC will ensure that the individual is no longer at risk of abuse. By doing this, you will be protecting this individual's safety as well as others who may be at risk in the care setting where you work.
A colleague asks you to use unsafe practices when supporting an individual being hoisted.	Seeking support from your manager will ensure that you will be supported to not carry out these unsafe practices. This will also raise your colleague's awareness of unsafe practices and the consequences of these. This will ensure the safety and well-being of the individual you are supporting as well as you and your colleague's safety.

LO5 Understand ways to reduce the likelihood of abuse

Getting started

Think about someone you know that has care or support needs. This may be because of an illness or disability. Why do you think that they are more likely to experience some form of abuse? What do you think makes them vulnerable to abuse?

Now think about what you could do to reduce their likelihood of being abused. For example, how does the way you treat them impact on how they feel about themselves? Does it make them feel confident in themselves and valued? What else could you do to promote their safety and well-being?

AC 5.1 Explain how the likelihood of abuse may be reduced

You can explain how the likelihood of abuse may be reduced by:

- working with person-centred values
- encouraging active participation
- promoting choice and rights
- supporting individuals with awareness of personal safety.

The relevant safeguarding legislation, national policies and local systems you have learned about are what underpin your working practices in the care setting where you work. These, together with the way you carry out your day-to-day role and responsibilities, can reduce the likelihood of individuals being abused or neglected.

Working with person-centred values

Working with individuals with care or support needs involves working in ways that embed person-centred values. This concept is covered in more detail in [Unit 307 Promote person-centred approaches in care settings](#). Working with person-centred values can reduce the likelihood of abuse. Some examples are listed below.

- **Treating individuals with respect** and showing that you value their individuality will reduce the likelihood of an individual being discriminated against and abused. Respect for individuals and their differences promotes confidence in those that you care for, they are more likely to challenge and speak up about abuse if they are more confident in themselves.
- **Promoting an individual's dignity** means taking precautions to ensure that they do not feel humiliated or intimidated. For example, you can promote an individual's dignity when they have had a bath by closing the door and placing a towel over them. Working in this way will reduce the likelihood of an individual being abused and make the individual feel comfortable about being supported with intimate care by workers. They will also become more aware of how care workers should support them and they will notice in future (and report) when the support they receive does not promote their dignity and rights.
- **Showing compassion** when working with individuals and their families means that you are showing genuine concern in their well-being. For example, you

can make time to understand why an individual may find it difficult to settle into their new care setting after living previously in their family home all their life. Working in this way will reduce the likelihood of an individual being abused because they will learn to trust and respect you and therefore be more likely to share any experiences of abuse or neglect from others. The individual's family will also feel able to approach you with any concerns they might have.

Encouraging active participation

Active participation is a way of working that encourages individuals to be active participants in their care or support rather than passive recipients. It is a way of working that recognises that individuals with care or support needs have the right to participate in day-to-day activities as independently as possible.

Encouraging active participation can reduce the likelihood of abuse happening in different ways. Some examples of this are included below.

- Supporting an individual's independence means that you are encouraging individuals to be actively involved in day-to-day activities at home and in their local communities. You can do this by supporting them to develop their skills in managing their money, learning how to cook, going shopping and socialising. Working in this way will reduce the likelihood of an individual being abused because they will not be seen as someone who can be exploited by others. It will also make the individual feel confident in their own abilities and believe in themselves.
- Encouraging individuals to be active in their care or support means working alongside them and letting them guide you with what is important to them and how they want to be cared for. For example, you can develop an individual's care plan with them; this may mean providing them with all the information they need to decide what activities they would like to participate in – and those that they would not. Working in this way will reduce the likelihood of an individual being abused because using their care plan will ensure that the individual's history, preferences, needs and beliefs are taken into account. Both the setting and the individual will recognise when those needs are not met. Their care or support will be led by the individual rather than the care workers and will therefore make them feel in control of their own care or support. It makes the individual feel empowered rather than someone who is always dependent on others.



Research it

5.1 Active participation

Carry out some research in the care setting where you work about how active participation is encouraged. You will find it useful to speak to your colleagues and your manager.

Discuss the techniques used, the reasons why these are effective and how they meet individuals' needs.

Promoting choice and rights

Promoting individuals' choices and rights underpins all person-centred ways of working and is effective when reducing the likelihood of abuse happening because it encourages workers to put individuals' needs first and to focus on individuals' best interests rather than on what the workers think may be best. Some examples of how promoting individuals' choice and rights can reduce the likelihood of abuse are included below.

- Promoting an individual's choices means that you are encouraging individuals to think about the options available so that they can make their own choice. For example, by providing them with relevant information about the different ways they can travel to visit a friend, such as by rail, bus or taxi, so that they can then consider all the information available to them and then make a decision based on what they prefer to do. Working in this way will reduce the likelihood of abuse because it encourages individuals to be more bold and assertive not just in their behaviour but confident in themselves.
- Promoting an individual's rights means treating individuals as you would like to be treated, that is, on equal terms with all the same rights that you have. Working in this way will reduce the likelihood of abuse because you will be informing and raising individual's awareness about what is fair and equal treatment (in terms of their care or support), empowering the individual to feel in control and know when their treatment is not fair and equal.

Actively supporting individuals to fulfil their rights in your day-to-day working, for example by supporting their safety at home when mobilising and supporting their well-being at all times, will reduce the likelihood of abuse because you will be supporting their rights to be safe. In this way, they will develop their own understanding of their rights, how to stay safe and how they can be supported by those who work around them.

Supporting individuals with awareness of personal safety

Awareness of personal safety can be a very effective way of supporting individuals to be in control of their own safety and therefore reduce the likelihood of them being abused. Some examples of how supporting individuals with awareness of personal safety are set out below.

- Promoting personal safety when working alongside individuals can be a very effective way to increase an individual's knowledge about how to stay safe. You can do this by providing information leaflets about the dangers that exist in the home, such as: not opening the door to people they do not know, not checking that the gas is turned off after using the cooker in the evening, not blocking fire escape routes with furniture and not leaving the windows open when leaving home. You can warn them of the dangers that exist in the community, for example remind them not to walk on their own late at night. Working in this way will reduce the likelihood of abuse because you will be informing individuals about hazards so that they can take precautions to reduce the potential risks these may cause. There is more information about risk assessment in [Unit 302](#) Promote health, safety and well-being in care settings.
- Supporting an individual's personal safety by involving them in working in safe ways will increase their awareness of personal safety by ensuring they always consider the dangers associated with different activities and the potential risks these pose. They can then use this information to make decisions that do not compromise their safety. Working in this way will reduce the likelihood of abuse because you will be actively supporting individuals to think about and make decisions that put their own safety first.

Evidence opportunity

5.1 Ways to reduce likelihood of abuse

Produce a leaflet that explains how:

- working with person-centred values
- promoting choice and rights
- supporting individuals with awareness of personal safety and
- encouraging active participation

can all reduce the likelihood of individuals in the care setting where you work being abused.

AC 5.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse

All organisations that provide care or support services are required to have a procedure in place to respond to complaints. A complaints procedure that is accessible means one that can be:

- available in different formats, for example Braille for individuals with vision loss (see page [213](#) for more information); with signs and symbols for individuals with learning disabilities; in audio for individuals unable to read; in different languages to meet individuals' preferences
- available to all and located in places that can be accessed easily and without having to ask for permission to do so, for example in the entrance hall to a care setting
- explained and reinforced by the care staff on an on-going basis in relation to its purpose, what it can be used for and how confidentiality will be maintained when it is used
- reviewed alongside the individuals and others it is aimed at to ensure its effectiveness.

An accessible complaints procedure can reduce the likelihood of abuse because:

- it empowers individuals to respond to concerns they have about themselves and others
- it brings complaints out into the open so that they can be acted on through effective and clear communication
- it increases the confidence of individuals and others in the quality and safety of the care or support being provided – everyone knows that there is a way to report abuse if they need to do so
- it raises individuals' awareness of their rights to good quality care or support.



6Cs

Competence

Communication is essential for developing good complaints procedures. Effectively communicating your setting's complaints procedures involves

ensuring that they can be used effectively by those who need them. You can ensure that this is communicated effectively by reporting when you have any concerns that an individual or someone else may not have understood your care setting's procedures. In this way these procedures can be adapted to meet the individual or someone else's needs and they can access the additional support they require to understand them. This will also increase the likelihood of them using it and decrease the likelihood of them not doing so, which may result in them continuing to be abused or neglected.

Evidence opportunity

5.2 Consequences of not having an accessible complaints procedure

Reflect on the consequences of not having an accessible complaints procedure. What impact may this have on the likelihood of abuse happening? Why? Make notes to evidence your reflection. Remember to think about the impact that accessible formats, such as Easy Read, can have.

Then develop a flow diagram that explains how each stage of an accessible complaints procedure can reduce the likelihood of abuse taking place.

Being able to raise concerns over safety or any risk of being abused is an effective and important way of ensuring that health and social care services or other agencies involved in safeguarding individuals are alerted to the potential of abuse happening so that they can act to prevent it.

AC 5.3 Outline how the likelihood of abuse can be reduced by managing risk and focusing on prevention

Risk enablement is a way of working that reduces the likelihood of abuse happening by using techniques that encourage risk to be managed and focuses on the prevention of abuse.



Reflect on it

5.3 Managing risk and preventing abuse

Reflect on the consequences of not being able to manage risk effectively. How could this lead to abuse? Reflect on the importance of early prevention of abuse. What are the consequences of not doing so?

How can you reduce the likelihood of individuals being abused by managing risk and focusing on prevention?

In [AC 5.1](#), we discussed the different ways in which you can work to reduce the likelihood of abuse happening.

Risk enablement can reduce the likelihood of abuse because it involves using the following techniques and approaches, which you should implement.

- **Encourage individuals to do what they can to protect themselves from being abused and harmed.** Empower them to be active participants and in control of their own care or support. For example, if an individual wants to move freely around their house on their own but has mobility difficulties, risk enablement would support the individual to mobilise safely around their home. You can do this by ensuring the individual has a walking aid and access to a personal alarm (that they can wear and use when on their own) in case of an emergency. Risk enablement enables individuals to do what they want safely; this makes individuals feel listened to and valued while maintaining their safety, thus reducing the likelihood of abuse taking place.
- **Empower individuals to complain when care or support goes wrong.** For example, if an individual knows that care workers must treat him or her with respect at all times then they will be more likely to complain when a care worker does not treat them with respect. As a result of risk enablement, the risk of them not having their rights respected or them being abused is less

likely to happen.

- **Support individuals to understand and take managed risks.** For example, risk enablement can mean that an individual is supported to identify any risks that may be associated with an activity that they want to do and then decide, having assessed the benefits and consequences of the activity, whether they still want to do it or if they need to consider other safety precautions. They can also understand how to manage risks.
- **Enable care settings to focus on the managing of risks and the prevention of abuse.** Risk enablement means that you promote the protection of individuals in your setting. For example, undertake safeguarding training (on the potential signs and symptoms that an individual is being abused) which can help identify abuse early on. You will become more aware of the factors that increase the likelihood of an individual being at risk of abuse and be able to help the setting focus on how the individuals' rights, safety and well-being can be promoted.

Caring for carers

Remember, you can reduce the risk of abuse happening by trying to prevent abuse before it starts and by spotting potential signs of abuse. If you see that carers are under immense pressure to support the individuals, then you should offer support and advice to them. Stress and pressures do not mean that abuse will always happen, but spotting it means you are able to address it early on and be there for carers as well as individuals. Be empathetic and if your own work pressures mean that you cannot offer them support daily, then make sure that you tell them about support and services they can access. Not only could this reduce and prevent the likelihood of abuse, but it also means that you are able to build a good empathetic relationship with the carer, one where they feel supported.



Research it

5.3 Support carers in a practical way

Research the support that is available for carers. You could ask your manager about the sorts of practical support you could offer carers. For example, how can carers be supported with any practical equipment they may need? Do they need a stair lift in their home? Do they need help with daily tasks such as their shopping? Do they need any training for any tasks they do not have the skills to do?

How can you support them with this? How will this support the carer and the individual? How can this help to prevent abuse?

Evidence opportunity

5.3 Managing risk and preventing abuse

Read the Risk Enablement Policy in place in the care setting where you work.

Produce a one-page information handout or a poster that outlines how the likelihood of abuse can be reduced by managing risk and focusing on prevention.

LO6 Know how to recognise and report unsafe practices

Getting started

Think about an occasion when you witnessed something that was unsafe and made you feel uncomfortable. This may have happened at work or outside of your work setting. For example, you may have witnessed one of your colleagues not putting on gloves when supporting an individual to get washed and dressed or witnessed an individual out shopping with their relative and being spoken to in a patronising way.

How did this make you feel? Why? Did you do anything about it? Why?

Think about the benefits of reporting unsafe practices immediately. Now think about the consequences of not doing so. What will you do next time if this situation arises again and why?

AC 6.1 Describe unsafe practices that may affect the well-being of individuals

Being able to recognise unsafe practices when they occur and understand the procedures your care setting has in place for reporting these will help you to ensure that your ways of working focus on the prevention of abuse.

Unsafe practices are those that may lead to an individual, you, a colleague or visitor being placed in danger or at risk of being injured or harmed. [Table 1.5](#) includes examples of three different types of unsafe practice that may occur in a care setting due to poor working practices, resource difficulties and operational difficulties.

All three types of unsafe practice can lead to an individual being subjected to abuse and neglect and therefore have the potential to affect their safety. [Table 1.5](#) includes how unsafe practices may affect the different aspects of an individual's well-being. (See [Unit 307](#) for more information on well-being.)

Table 1.5 Unsafe practices and how they affect an individual's well-being

Unsafe practices	Examples of how the well-being of an individual is affected
Poor working practices	Poor health and safety practices may lead to accidents in the care setting and have the potential to cause both physical and mental harm to those involved. Not taking suspicions of abuse seriously may mean that individuals continue to be abused which can in turn affect their physical, emotional and mental well-being. If the abuse is financial then it will impact on their economic well-being and their trust in others. They may withdraw and become isolated thus having an effect on their social well-being. Unsafe practices when moving and handling may lead to individuals, you and your colleagues being injured or harmed physically. In turn, this will impact on the confidence of individuals and others and will have a negative effect on their emotional and mental well-being too.
Resource difficulties	Insufficient or a lack of equipment will mean that individuals' needs will remain unmet. For example, they may be injured, or their independence may be restricted which may in turn mean that their emotional and social well-being is affected because they may have to be more dependent on others. Insufficient workers to care for individuals will mean that individuality will not be recognised as there will be insufficient time to attend to every individuals' personal needs. This may mean that the support provided does not take into account their intellectual abilities, cultural and spiritual needs. A lack of regular training will mean that a carer's way of working may not reflect current best practice or legislation. They may fail in their duty of care to safeguard individuals, which will have a direct impact on their social, emotional and physical well-being.

Unsafe practices	Examples of how the well-being of an individual is affected
Operational difficulties	A lack of effective management means that no one is monitoring the care and support provided by workers. This means that the individuals may be subjected to abuse more easily which will impact negatively on their well-being physically, emotionally and socially. A lack of support for workers may mean that they can not to respond effectively to situations where they have insufficient expertise. As a result, abuse of an individual may go unnoticed. This can change how an individual feels about themselves, their confidence and their identity, e.g. in terms of their spirituality. Poor communication systems with other agencies may mean that the signs that an individual is being abused are not recognised or reported, thus enabling the abuse to continue causing a detrimental effect to the individual's well-being; this could be physically, culturally, emotionally and socially.



Reflect on it

6.1 Unsafe practices

Reflect on how unsafe practices can affect an individual's well-being. How do you think an individual may feel? Why? How do you think you would feel if that were you? Why?

Evidence opportunity

6.1 Unsafe practices and well-being

Develop two case studies for two different individuals who have different care or support needs. For each one write a description about how unsafe practices may affect their well-being.

Being able to recognise unsafe practices is essential for maintaining the safety and well-being of the individuals, your colleagues and others you work with. Not doing so can lead to individuals being abused, the likelihood of accidents occurring and the safety and well-being of individuals being affected which can in turn increase the likelihood of abuse happening.

AC 6.2 Explain the actions to take if unsafe practices have been identified

The care setting where you work will have procedures in place for reporting unsafe practices that have been identified. It is your responsibility to ensure that you are familiar with these and to report any unsafe practices that you observe or are told about.



Research it

6.2 Your job description

Research your job description, your job role and responsibilities. What does it say about your responsibilities towards the individuals you provide care or support to? What does it say about your responsibilities towards others who you work with?

Discuss how you can ensure that your ways of working are safe and fulfil your responsibilities to individuals and others. Make notes about your discussion.

Below is a list of some tips for the actions to take.

- 1** Follow your employer's procedures and agreed ways of working when unsafe practices have been identified so that the necessary action can be taken to prevent the unsafe practices from continuing to take place or injury or harm to individuals or others.
- 2** Constructively challenge (in a way that will be useful and beneficial) all unsafe practices so that the person that is carrying these out can understand the reasons why their ways of working are unsafe and how these could lead to the abuse and neglect of individuals or others. It is possible that they are not aware that their way of working is unsafe. Challenge the person constructively, in a calm way because you do not want them to react aggressively, or for them to feel embarrassed because they did not know their practice was unsafe.
- 3** Do not continue or carry out an activity that you think may be unsafe as this will place individuals at risk of abuse or put you and others in danger. Changing your practice will mean that your safety and those of others will be protected; individuals' well-being will also be protected.

Evidence opportunity

6.2 Actions to take

Reflect on how the list of tips above compares to the actions you are required to take in the care setting where you work should you witness or be asked to carry out unsafe practices.

Produce a wall display to illustrate different examples of unsafe practices that may arise in care settings, what the outcome will be for the well-being of individuals, and the action that should be taken to eliminate the unsafe practice.

- 4 Discuss your concerns with your manager so that your manager is made aware and so that the necessary actions can be taken. Your manager will be experienced in this area and so will be able to provide you with some useful advice and guidance as well as reassurance that you have followed the agreed ways of working of your care setting.
- 5 Record the concerns you have so that there is a permanent account on file of your concerns. This record will be particularly useful if, at a later stage there is an investigation into a case of abuse of an individual or a review of the care setting's procedures for safeguarding individuals. Your record shows the actions you have taken when unsafe practices have been identified.

AC 6.3 Describe the actions to take if suspected abuse or unsafe practices have been reported but nothing has been done in response

You should ensure that your concerns about unsafe practices or suspected abuse that you have reported are followed through and addressed. This is very important and an essential part of your duty of care. Your care setting will have whistleblowing procedures in place that will set out what you can do. It is important that you show your **commitment** when following these through.



6Cs

Commitment

You can show commitment to protecting individuals by speaking up for them to ensure their safety and well-being. You can do this by always following your agreed ways of working for whistleblowing. In this way, individuals will know that they can count on you to take the necessary action when they have been subjected to abuse or unsafe practices.



Reflect on it

6.3 Reporting concerns

Reflect on how you may feel reporting your concerns to the next level of management in the organisation. How do you think you may feel about doing this? Why? Do you think this will make you feel uncomfortable?

You could in the first instance, discuss your concerns again with your manager and ask them to tell you what has been done in response. If your manager is unable to explain what has been done in response or you find out that your manager is also involved in the suspected abuse or unsafe practices identified, then you could report these to the next level of management in the organisation.

If you have reported your concerns to the next level of management and still nothing has been done, then you must persist and contact an outside agency such as the regulator of health and social care services, the Care Quality Commission

(CQC) or the safeguarding team in adult social care services. See Unit 301 [AC 1.2](#), Unit 304 [AC 2.4](#), Unit 305 [ACs 2.3, 3.2](#) and Unit 306 [AC 2.1](#) for more information about the CQC. If you are member of a trade union then you could also seek advice from your representative.

Following through your concerns about suspected abuse or unsafe practices when nothing has been done in response is essential for ensuring the safety and well-being of individuals. Case study 6.1, 6.2, 6.3 provides you with an opportunity to think about the impact of doing so and complying with your care setting's whistleblowing procedures.



Case study

6.1, 6.2, 6.3 Unsafe work practices

Emma is a residential care worker who supports individuals with learning disabilities to live independently. Emma's work shift partner is Dave who is a senior residential care worker. During the morning shift, Emma observed Dave restrict an individual from leaving his room while explaining to him that this was in his best interests (because he had injured his leg and he had been told by his GP to rest). Emma noticed that the individual looked frustrated.

Emma felt uncomfortable about Dave's actions and so discussed her concerns with Dave. Emma constructively explained to Dave that she didn't feel that it was necessary to physically restrict the individual as it was his right to leave his room and not be confined in it. Emma also explained that she thought that this individual was able to make his own decisions.

Dave thanks Emma for her concerns and reassures her that there is nothing to worry about. He tells her that she should trust him, as he is the senior colleague, and work with him as she has done so for many years.

Discuss:

- 1 Emma's approach to challenging Dave
- 2 Dave's response to Emma
- 3 The actions Emma should take next and why.

Evidence opportunity

6.3 Actions to take

Consider what further action you would take if you had reported suspected abuse or unsafe practices in your care setting but nothing has been done in response.

Produce a flow diagram detailing the key actions to take when you have to follow up your report of suspected abuse and unsafe practices in your setting for a second time.

LO7 Understand principles for online safety

Getting started

Think about all the online activities you and your friends participate in. For example, this may involve using a mobile to text your family and friends and/or surf the internet, using a tablet or PC to buy items online or accessing social networking sites such as Facebook or Twitter. Have you ever experienced any problems with your safety online? If so, what happened? If not, what could happen?

Now think about an individual you know who has care or support needs. How can you make sure that you keep them safe while they participate in online activities?

AC 7.1 Describe the potential risks presented by individuals with care or support needs going online

Potential risks for individuals with care and support going online include:

- the use of electronic communication devices
- the use of the internet
- the use of social networking sites
- carrying out financial transactions online.

Whether you are an online expert or not, it is important that you are aware of the potential risks presented by individuals with care or support needs going online so that you can fulfil your duty of care to maintain their safety and promote their well-being.

The use of electronic communication devices

Individuals may increasingly use their mobile phones and tablets when they are out and about. It is important that individuals are made aware of the risks of others obtaining their security passwords to commit fraud or even being subjected to theft of their electronic devices.

Individuals are able to access websites and download apps such as Facebook, Instagram and Snapchat that enable them to comment and share images with others. While these are ways for them to connect with others, they may also be subjected to unwanted comments, offensive images or be subjected to bullying online. Apps such as these also send information out about the individual's location, so others can see where the individual is; again, this may make them the target for abuse.

The use of the internet

The internet can be a great place to connect with others and share our lives whether it is through our updates, blogs, or photos. However, because we may be sharing so much information, there is a danger that some of this may be abused or used dishonestly. Some of the potential risks that the internet poses are listed here.

- Individuals may use the internet and search engines such as Google to search for information about what is happening in their local communities and so that they can find out more about places to shop or eat out in. However, this sometimes requires sharing your location to find good spots to eat – and the

location is made public to others.

- Individuals need to be made aware of the risks of searching for information on unofficial sites that may contain offensive language. They must also be aware about the risk of finding or being exposed to information that may be of a sexually explicit nature.
- Sharing financial details about their bank account – even if this is on a well-known or trusted website – can leave people open to fraud and theft (having their banking details stolen) if someone else is able to gain access to these details. See the section on ‘Carrying out financial transactions online’, on page [41](#), for more information on this.
- Individuals can also play games online and may interact with their friends in this way. It is important that individuals understand that these games could become addictive and can lead to them spending many hours on these sites (becoming increasingly socially isolated from family and friends). They should also be informed about the risks that gambling websites pose as this too can become an addiction.

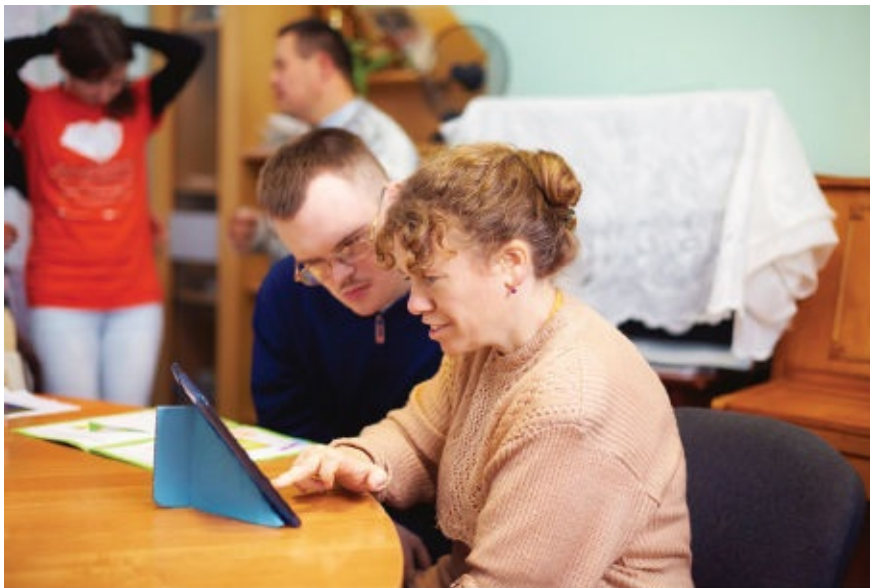


Figure 1.6 How do you support individuals to stay safe when they are online?



Research it

7.1 Online safety in your setting

Carry out some research in the setting where you work. Find out how individuals use the internet. What sites do they use? How often? Produce a table with your findings.

Have the results surprised you? Say why you are surprised – or not.

For more information about data protection, see [Unit 304](#) Promote effective handling of information in care settings.

The use of social networking sites

Social networking sites such as Facebook and Twitter can be a source of positivity and enable individuals to keep in touch with family and friends. However, social networking sites also pose risks that individuals must be made aware of. As you will know, these sites can be a forum for people to share all the different things that are happening in their lives, such as marriages, births and parties. The list is endless. It is human nature to compare our lives with those of others, but this can be harmful to people's health if they compare their lives too seriously. Individuals may also be excluded from certain online activities, such as 'live streaming' videos sent by some friends, and this could make them feel devalued and upset. Of course, individuals may make new friends on these sites but it is important that they are aware that not all information friends share is true. They should also be made aware of the security measures and privacy settings that they can put in place to ensure that they are not exploited by people who do not know them.

Social networking sites such as those mentioned above also mean that individuals can keep up to date with people in the public eye who they may admire such as their favourite group or actor. It is important that individuals remember, what is reported on these sites is not always true and therefore they must not let this influence who they are and how they live their lives.

Moreover, 'fake news' has become more of an issue in recent years where news stories with incorrect and biased information are available on various websites including social media. This means that people are reading news that may not be based on fact and have incorrect information. In some cases, the stories may be completely made up. This can influence a person's view of the world and the people they interact with, so it is important that individuals are made aware of 'fake news' as it is also a potential risk presented by the internet and social media.



Reflect on it

7.1 Social media

Reflect on the benefits to individuals with care or support needs of using social networking sites. Do you use social networking sites? If so, why?



Research it

7.1 Misuse of personal data

In 2018, it was widely reported in the media that data and personal information belonging to millions of people was misused.

You can read news stories about this online.

After you have read a bit more about this, think about your setting. How can such developments and breaches around online data affect vulnerable individuals? How can you help to ensure you protect individuals that you support? How does this highlight the importance of keeping up to date with issues around adult care, and online safety?

Carrying out financial transactions online

Online shopping and banking have made our lives a little easier as we no longer need to visit the shops to buy clothes, or visit the bank to make a transfer. However, this too can pose risks for you and those you care for.

Individuals may pay bills, buy items and pay for their transactions online. The risks associated with this include unauthorised organisations (people and websites pretending to be lawful and asking for money) trying to commit fraud and steal from the individual. This can also happen via email. How many times have you read about email or internet scams where people have thought they were sending money to a trusted source or person, but later found out that this was a lie and had their money stolen as a result?

Often a password is required to carry out a financial transaction and people are usually required to confirm this if they are carrying out financial transactions online. If these are shared with others or obtained fraudulently by others, they can then be used to access individuals' money.

AC 7.2 Explain ways of reducing the risks presented by each of these types of activity

Working in ways that promote online safety is underpinned by the following key principles.

- **Educate individuals about online safety and be open** – speak to individuals and tell them about the risks presented by using devices and internet sites.
- **Be constructive** – encourage individuals to assess the risks presented by using devices and internet sites and suggest ways for how these can be overcome and how they can stay safe.
- **Be interested** – show individuals that you have a genuine interest in promoting their safety and well-being while they participate in online activities.



Reflect on it

7.2 Promoting online safety

Reflect on how you can work in ways that are open, constructive and show that you are genuinely interested when promoting online safety when working with individuals. Write up notes about your reflection.

Table 1.6 Promoting online safety

Online activities	Promoting online safety
The use of electronic communication devices	Inform individuals about the privacy settings that their electronic devices have and that can be switched on to protect their privacy to restrict the information that can be accessed by others. Inform individuals about the privacy settings that their electronic devices have and that they can switch on so that others are unable to access their device or contact them. Ensure individuals use passwords when using their electronic devices so that if they leave them unattended or forget them in a public place, it will be more difficult for others to access the device and the personal information it contains.
The use of the internet	Inform individuals that when using the internet they may meet people who are not who they claim to be, for example, when playing games online. Remind individuals that they can block these people and report them. Remind individuals that they can also tell you. Also, inform individuals that if they receive emails from people that they do not know – perhaps asking for money or asking to meet them, then they should always tell someone about this. The people emailing may sound convincing or intimidating; so it is always best to check with someone else.
The use of social networking sites	Ensure individuals remain on official social networking sites only and do not have private ‘chats’ with others away from these sites. Remind individuals not to give out any personal information about themselves including photographs that they do not want to be shared publicly. Remind individuals that they do not have to accept ‘friend requests’ and invitations from people that they know – or do not know – if they do not want to. Remind individuals that they can tell you about any concerns they have if they are being made to feel uncomfortable by any person on these sites.
Carrying out financial transactions online	Inform individuals that all financial transactions online should only be completed on official sites. Often official sites will start with ‘https’ and there will sometimes be a security certificate that appears on screen. Inform individuals that all financial transactions should be completed in privacy and not in public places so that others cannot see their personal information. Inform individuals of how to check whether organisations are who they say they are, i.e. by checking they are registered with professional bodies.

[Table 1.6](#) includes some suggestions for how you can reduce the risks presented by electronic devices and internet sites. Can you think of any others?

Identity theft

Remind individuals to keep their personal information, including their names and addresses, safe, both online and otherwise. Identity fraud is also an issue where personal information is used by others to pose as the person. This can result in theft under the individual's name and identity.

Staying up to date

If you do not have knowledge around online safety then this is something that you will need to research so that you can stay up to date with the latest developments. This is also something that you should discuss with your manager so that you can arrange training. You cannot be expected to advise others about online safety if you do not have knowledge in this yourself. You could ask someone who has expertise in this area to speak to individuals in the setting about this.

New developments

As technology continues to develop, increased online safety has become an issue – we can all become victims of online abuse and need to be aware of the risks.

It is clear that crimes around technology and digital information are increasing, but often it will not even be criminals who will commit abuse online. Cyber bullying is an issue that you may have read about or seen reported in the media where social media is used to verbally abuse others. People have posted written comments, photos and videos to bully, hurt and embarrass others. More recently, the issue of revenge porn has been reported in the media, with people posting photos and videos of partners performing sexual acts, as revenge, perhaps at the end of a relationship.

Cameras on laptops can also be hacked where others are able to view the person using the laptop on the other side. In 2017, there were reports of Bluetooth and Wi-Fi enabled dolls that could enable strangers to spy on or talk to children who played with them.

You will need to be aware of stories such as these so that you can understand how to keep the people you care for safe online. Some of the people you provide support for may use the internet but may not understand the dangers around this. They may even be taking IT lessons to improve their knowledge. Obviously you

cannot protect them from everything; however, keeping them informed of the risks and supporting them with any concerns they have and telling them about the measures they can put in place to stay safe will reduce the risks of online abuse and help to keep them safe.

It is only by staying up to date with developments in this area that you can ensure that individuals are aware of the most recent developments and know about the various issues so that they can stay safe. This is an issue widely reported in the media so it is often hard to miss it. You should ensure that you educate yourself in this area so that you can then educate individuals. At the same time, do not assume that all individuals will not have any knowledge in this.

Online safety for the setting

Remember that it is not just the individuals in the setting that need to stay safe online, but also settings themselves. The NHS became a victim of hacking in 2016/2017 where hackers were able to gain access to patient records. Your setting will need to ensure that it has its own security measures in order to protect themselves and to keep confidential information and data safe.



Research it

7.2 Agreed ways of working for online safety

Research your employer's agreed ways of working for online safety. Find out whether there are any training and development opportunities available so that you can provide support to the individuals you care for in the care setting where you work.

Evidence opportunity

7.1, 7.2 Risks

Produce an information leaflet showing the potential risks presented by the use of electronic communication devices, the internet, social networking sites and carrying out a financial transaction online. Make sure you also include information about the different ways you can reduce these risks.

AC 7.3 Explain the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices

Promoting online safety does not mean that individuals are prevented or deterred from using electronic systems and devices but rather that they are informed of the risks, and are involved in assessing them and in making their own decisions about how to use these systems and devices safely. **Competently** working in this way is part of risk enablement (a way of working you learned about in [AC 4.3](#)) and also embeds person-centred values.



6Cs

Competence

Competence in relation to promoting online safety refers to applying your knowledge and skills to ensure that you are able to communicate to individuals the risks and benefits that they face when using electronic systems and devices. You should tell them about how they can take control when doing so and keep themselves safe. You can also give them information leaflets, take the time to discuss the different risks with them and encourage them to ask you questions or share any concerns they have with you.



Reflect on it

7.3 Person-centred values when promoting online safety

Reflect on the person-centred values you have learned about. How can you instil these in your working practices when promoting online safety? Why is it important to do so? What are the consequences of not doing so?

The benefits to individuals of using electronic systems and devices are numerous and can include some of the following:

- **making new friends** – there can be more opportunities for meeting new people and being part of a group of friends. This can make individuals feel like

they belong to a social group and can share their common interests with others.

- **learning new skills** – there are opportunities for developing new skills such as being able to communicate with others verbally and in writing. They can also be creative and express themselves through writing blogs, and posting pictures and online videos.
- **developing your knowledge** – there are opportunities for developing your knowledge about a range of different topics, and interests and study skills can be developed in this way.

Striking a balance between the risks associated with online safety and the above benefits means that the rights of the individual are promoted and their well-being enhanced. The reflective exemplar below provides you with some additional information about the importance of balancing the risks with the benefits of using electronic systems.

Reflective exemplar	
Introduction	I work as a Lead Personal Assistant to John who has learning difficulties. I visit him once a week to support him to visit one of his best friends who lives locally.
What happened?	Last week, while supporting John to visit his friend he 'FaceTimed' another friend on his mobile phone. His friend began to tell him how unwell he was and also shared with him the personal difficulties he was having at the time with his family. I was aware that everyone on the bus was looking at us and could hear what John's friend was saying to him. I quietly pointed this out to John and told him to not 'FaceTime' his friend. John got very upset and when the bus stopped, he got off the bus suddenly and accused me of treating him like a child, and not an adult.
What worked well?	I raised my concerns with John discreetly. I identified the risks of 'FaceTiming' another person in public.
What did not go as well?	Telling John about my concerns while we were still on the bus. I should have suggested to John that we get off at the next stop because I wanted to talk to him about something important. This way I could have talked through with him my concerns and supported him to understand the risks.
What could I do to improve?	I think I will need to put John's needs first rather than my own; it was my embarrassment on the bus that prevented me from handling this situation sensitively. I think I will need to reflect on the benefits that 'FaceTiming' has for John. I will suggest some suitable locations where he can 'FaceTime'. I will explain to him the reasons why I have identified these locations so that he can make his own decisions by choosing which one he prefers.
Links to unit assessment criteria	ACs: 7.1, 7.2, 7.3

Evidence opportunity

7.3 Balancing measures

Discuss with your assessor the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices. Remember to think about how personalisation is relevant here.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor, who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested methods to show your knowledge/skills
LO1 Understand principles of safeguarding adults	
1.1 Research it (page 3)	Produce a poster detailing your findings.
1.1 Evidence opportunity (page 3)	Write an account that explains what the term 'safeguarding adults' means, and addresses the points in the activity. You may find it useful to discuss the meaning of the term 'safeguarding' with a colleague in the care setting where you work.
1.2 Evidence opportunity (page 4)	Following on from your research, discuss your job role and responsibilities with your manager, who will be able to provide a witness statement. Follow the instructions in the activity and make detailed notes. You could also write a personal statement that describes your role and responsibilities in safeguarding adults in the care setting where you work. Explain, with examples, how your role and responsibilities relate to safeguarding individuals. You will find your employer's safeguarding policy, procedures, and agreed ways of working useful sources of information.
1.3 Research it (page 6)	Produce an information handout as instructed in the activity. You could also present your findings in a written account.
1.3 Evidence opportunity (page 7) 1.3 Case study (page 7)	Produce a leaflet that describes the following terms: physical abuse, domestic abuse, sexual abuse, emotional/psychological abuse, financial/material abuse, modern slavery, discriminatory abuse, institutional/organisational abuse, self-neglect, and neglect by others. You could also produce a presentation, as well as a spider diagram that includes the definitions of all the different types of abuse and neglect named above. A Case study has been included to help you think about the different types of abuse that can occur.
1.4 Evidence opportunity (page 7)	Produce the information handout as instructed in the activity. Or you could write a personal statement that describes the term 'harm'. Remember to include in your description how this term relates to safeguarding adults. You could also discuss the term 'harm' with your assessor, or your manager, who will be able to provide a witness testimony. Agree on a definition and on the key aspects it involves in relation to safeguarding.
1.5 Research it (page 8)	You could discuss your findings with a colleague and write an account to detail your findings and discussion.
1.5 Reflect on it (page 8)	Write a reflective account addressing the points in the activity.

Suggestions for using the activities

1.5 Evidence opportunity (page 8)	Produce a list of two examples of appropriate restrictive practice and two examples of inappropriate restrictive practice. You should explain how the appropriate practices can be used to safeguard adults, and why the inappropriate practices are not appropriate. You could also prepare a presentation that describes restrictive practices when safeguarding individuals. Include examples of what these are, and how they can be used both legally and inappropriately. Or you could write an account that describes three examples of restrictive practices, how they are used with individuals with care or support needs, and the reasons why. Remember to include clear links in your account to safeguarding individuals.
LO2 Know how to recognise signs of abuse	
2.1 Evidence opportunity (page 12) 2.1, 2.2 Case study (page 14)	Produce a written account that identifies the signs and symptoms associated with each of the following types of abuse: physical, domestic, sexual, emotional/psychological abuse, financial/material abuse, modern slavery, discriminatory abuse, institutional/organisational abuse, self-neglect, and neglect by others. You could also prepare a presentation or develop a spider diagram of the signs and symptoms associated with each type of abuse. The Case study will help you to think about the range of signs and symptoms that may indicate that an individual has been abused.
2.2 Research it (page 13)	Produce a written account detailing your findings and address the points in the activity.
2.2 Evidence opportunity (page 13) 2.1, 2.2 Case study (page 14) 2.2 Case study (page 13)	Discuss your findings with a colleague and produce a written account that describes the factors that can make older people and other individuals more vulnerable to financial abuse. Ensure you include a description of a range of factors that may contribute to an individual's vulnerability to abuse. When you discuss your findings with a colleague, you may also like to discuss the factors that can contribute to an individual being more vulnerable to abuse; you should try and cover both individual and environmental factors. The case studies will help you think about the different factors that can make an individual more vulnerable to abuse.
LO3 Know how to respond to suspected or alleged abuse	
3.1 Reflect on it (page 17)	Provide a short reflective account answering the questions in the activity.
3.1 Evidence opportunity (page 17)	Following on from your research, discuss the key actions to take if you suspect an individual is being abused. Your manager will be able to provide a witness statement. Discuss the importance of responding to suspicions of abuse, as well as the process to follow. Produce a factsheet that explains the key actions to take if there are suspicions that an individual is being abused. You will find your agreed ways of working a useful source of information about the steps that must be taken when responding to suspicions of abuse.
3.2 Research it (page 21)	You could discuss your findings with your manager. You could also provide a written account detailing your findings.
3.2 Evidence opportunity (page 21)	Discuss with your assessor the actions to take if an individual in your care setting alleges that they are being abused. Remember to explain the reasons for your actions. You could also produce a presentation or personal statement that explains the process to follow if an individual alleges that they are being abused. You will find your agreed ways of working a useful source of information about the steps that must be taken when responding to allegations of abuse.

Suggestions for using the activities	
3.3 Evidence opportunity (page 22)	Discuss with your assessor your role and responsibilities when preserving evidence of suspicions and allegations of abuse, and address the questions in the activity. You could also complete a spider diagram of the different ways to ensure that evidence of abuse is preserved. You will find your agreed ways of working a useful source of information about the ways that you can preserve evidence of abuse in the care setting where you work.
LO4 Understand the national and local context of safeguarding and protection from abuse	
4.1 Research it (page 24)	You could produce a poster with your findings or provide a written account.
4.1 Evidence opportunity (page 26)	Make some notes on your thoughts and then produce a one-page information handout. You could also complete a spider diagram or personal statement of examples of relevant legislation, national policies and local systems that relate to safeguarding and protection of individuals from abuse.
4.2 Evidence opportunity (page 27)	Discuss the roles of different agencies with your manager and obtain a witness statement. Then produce a leaflet that explains the roles of different agencies in safeguarding and protecting individuals from abuse.
4.3 Reflect on it (page 28)	Provide a reflective account.
4.3 Evidence opportunity (page 28)	Following on from your research, produce an information leaflet on the different factors that feature in the abuse and neglect. You could also complete a spider diagram or write a personal statement about the different factors that have featured in reports into serious cases of abuse and neglect. Or write a personal statement of the different factors that have featured in reports into serious cases of abuse and neglect.
4.4 Research it (page 30)	Discuss the key points with a colleague and make notes.
4.4 Evidence opportunity (page 30)	Develop a poster as instructed in the activity. Discuss sources of information and advice about your own role in safeguarding and protecting individuals from abuse, including whistleblowing, with a colleague. Write a personal statement of the different sources of information and advice about your own role in safeguarding and protecting individuals from abuse, including whistleblowing.
4.5 Evidence opportunity (page 30)	Discuss with your manager the agreed ways of working to follow when seeking support in two safeguarding situations where you have no experience or that are beyond your area of expertise. Obtain a witness statement to ensure you can evidence this. You could also complete a spider diagram of the different situations in which to seek support beyond your own experience and expertise. Or write a personal statement of the different situations in which to seek support beyond your own experience and expertise.
LO5 Understand ways to reduce the likelihood of abuse	
5.1 Research it (page 32)	Speak to your colleagues or your manager. Make notes about your discussion.
5.1 Evidence opportunity (page 33)	Produce a leaflet that explains how the likelihood of abuse can be reduced by working with person-centred values, encouraging active participation, promoting choice and rights, supporting individuals with awareness of personal safety, and encouraging active participation. You could also prepare a presentation or write a reflective account.

Suggestions for using the activities	
5.2 Evidence opportunity (page 34)	Develop a flow diagram as instructed in the activity. You could also write a personal statement that explains the importance of an accessible complaints procedure for reducing the likelihood of abuse. Discuss how an accessible complaints procedure can reduce the likelihood of abuse. You will find your complaints procedures and your manager useful sources of information.
5.3 Reflect on it (page 34)	Write a reflective account.
5.3 Research it (page 35)	Research the support that is available for carers and write down your responses to the questions in the activity.
5.3 Evidence opportunity (page 35)	Produce a one-page information handout or a poster that outlines how the likelihood of abuse can be reduced by managing risk and focusing on prevention. Or you could write a reflection of how the likelihood of abuse occurring in your care setting can be reduced by managing risk and focusing on prevention. You will find your risk enablement procedures and your manager useful sources of information.
LO6 Know how to recognise and report unsafe practices	
6.1 Reflect on it (page 37)	Provide a reflective account.
6.1 Evidence opportunity (page 37)	Develop two case studies, as instructed in the activity.
6.1, 6.2, 6.3 Case study (page 39)	Or you could write a personal statement that describes unsafe practices that could affect the well-being of individuals. The Case study will help you think about how unsafe practices can affect the well-being of individuals.
6.2 Research it (page 37)	Make notes about your discussion.
6.2 Evidence opportunity (page 38)	Produce a wall display to illustrate different examples of unsafe practices that may arise in care settings, as instructed in the activity.
6.1, 6.2, 6.3 Case study (page 39)	You could also produce a presentation or spider diagram that explains the actions to take if unsafe practices have been identified. For each action, explain why it should be taken; include the consequences of not doing so. The Case study will help you think about the actions that can be taken when unsafe practices have been identified.
6.3 Reflect on it (page 38)	Write a reflective account.
6.3 Evidence opportunity (page 39)	Produce a flow diagram as instructed in the activity.
6.1, 6.2, 6.3 Case study (page 39)	Or you could write a personal statement of the actions to take if suspected abuse or unsafe practices have been reported but nothing has been done in response. The Case study will help you think about the actions that can be taken when unsafe practices have been identified and nothing has been done in response.
LO7 Understand principles for online safety	
7.1 Research it (page 40)	Produce a table with your findings.
7.1 Reflect on it (page 41)	Write a short reflective account. An evidence opportunity for 7.1 is covered as part of the 7.2 Evidence opportunity, below.
7.1 Research it (page 41)	Write down your findings and responses to the questions in the activity.
7.2 Reflect on it (page 41)	Write up notes about your reflection.
7.2 Research it (page 43)	Write up notes to detail your findings.
7.1, 7.2 Evidence opportunity (page 43)	Produce an information leaflet showing the potential risks presented by: the use of electronic communication devices; the use of the internet; the use of social networking sites; and carrying out financial transactions online. Make sure you also include information about the different ways to reduce these risks.
7.1, 7.2, 7.3 Reflective exemplar (page 44)	The reflective exemplar will help you think about the risks presented by online activity and the importance of balancing online safety against the benefits to individuals of using electronic systems and devices.
7.3 Reflect on it (page 44)	Write a reflective account.
7.3 Evidence opportunity (page 44)	Discuss the points in the activity with your assessor.
7.1, 7.2, 7.3 Reflective exemplar (page 44)	Or you could produce a presentation that explains the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices. Discuss the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices with your manager, who will be able to provide a witness testimony. The reflective exemplar will help you think about the importance of balancing online safety against the benefits to individuals of using electronic systems and devices.

Suggestions for using the activities

7.1, 7.2 Evidence opportunity (page 43) 7.1, 7.2, 7.3 Reflective exemplar (page 44)	Produce an information leaflet showing the potential risks presented by: the use of electronic communication devices; the use of the internet; the use of social networking sites; and carrying out financial transactions online. Make sure you also include information about the different ways to reduce these risks. The reflective exemplar will help you think about the risks presented by online activity and the importance of balancing online safety against the benefits to individuals of using electronic systems and devices.
7.3 Reflect on it (page 44)	Write a reflective account.
7.3 Evidence opportunity (page 44) 7.1, 7.2, 7.3 Reflective exemplar (page 44)	Discuss the points in the activity with your assessor. Or you could produce a presentation that explains the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices. Discuss the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices with your manager, who will be able to provide a witness testimony. The reflective exemplar will help you think about the importance of balancing online safety against the benefits to individuals of using electronic systems and devices.

Legislation	
Act/Regulation	Key points
The Care Act 2014	There are ten different types of abuse that individuals may experience. It also defines safeguarding as individuals living safely, free from harm and abuse.
The Health and Social Care Act 2012	Health and social care services must work in partnership together to safeguard individuals effectively.
The Equality Act 2010	A person must not be treated unfairly or discriminated against in relation to their protected characteristics. These are defined by the Equality Act as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.
Safeguarding Vulnerable Groups Act 2006	It established the Vetting and Barring Scheme that prevents people who are not suitable to work with individuals with care or support needs from doing so; DBS checks are required from all those who work with individuals with care or support needs.
Mental Capacity Act 2005	It safeguards individuals who are unable to make choices and decisions for themselves because they lack the capacity to do so.
Modern Day Slavery Act	It is aimed at tackling slavery, servitude and forced or compulsory labour in the UK. It addresses issues such as human trafficking and the exploitation of people.
The Human Rights Act 1998	Everyone in the UK is entitled to the same basic human rights and freedoms. This includes individuals who have care and support needs. The Act supports individuals' rights to make their own choices and decisions, dignity, respect, to be treated fairly when accessing care or support services and to live safely and free from harm or abuse.
The Data Protection Act 1998	It promotes individuals' rights to security over the use of their personal information by others and safeguards them from others infringing their rights to privacy over their personal information.
General Data Protection Regulation (GDPR) 2018	This came into effect from May 2018 and introduced some new and different requirements for data protection. See Units 303 and 304 for more information.
The Public Interest Disclosure Act 1998	It established whistleblowing procedures so that concerns over individuals' safety and well-being can be reported by workers free from fear or repercussions from their employers. You may make a disclosure about unsafe work practices or a crime.

See [AC 4.1](#) for more information on legislation.

Further reading and research

Books and booklets

Department of Health's guidance (2014) 'Positive and Proactive Care: reducing the need for restrictive interventions', Social Care, Local Government and Care Partnership Directorate

Ferreiro Peteiro, M. (2014) *Level 2 Health & Social Care Diploma Evidence Guide*, Hodder Education

Weblinks

www.cqc.org.uk Care Quality Commission (CQC) – information from the regulator of all health and social care services about the standards expected from care settings and workers providing care and support to individuals, information about guidance about the duty of candour. Information about whistleblowing

www.elderabuse.org.uk Action on Elder Abuse – a charity providing information, guidance and support to abuse that happens to older people

www.gov.uk – the UK Government's website for information about current and relevant legislation for safeguarding individuals such as the Care Act 2014, Equality Act 2010

www.skillsforcare.org.uk Skills for Care – information about the Code of Conduct for Adult Social Care Workers, the Care Certificate and the Care Act 2014

202 Responsibilities of a care worker



About this unit

Credit value: 2

Guided learning hours: 16

The best teamwork happens in **care settings** when there are good working relationships between individuals, their families, friends, advocates, team members, colleagues and other professionals, when everyone **works in ways agreed** with the employer and together in partnership as one big team.

In this unit, you will learn about what makes an effective working

relationship, including the key differences between a working relationship and a personal relationship. You will also learn about what your employer expects of you, including the reasons why it is important to work in agreed ways with your employer. In addition, you will be able to explore opportunities to contribute and make sure the experience for the individuals you care for is a positive one.

Finally, you will learn about the benefits of working in partnership with others, the different skills and approaches needed for resolving conflicts and the range of sources of support available to you about partnership working and resolving conflicts that may arise.

Learning outcomes

By the end of this unit you will:

LO1: Understand working relationships in care settings

LO2: Be able to work in ways that are agreed with the employer

LO3: Be able to work in partnership with others



Key terms

Adult care settings include residential homes, nursing homes, domiciliary care, day centres, an individual's own home or some clinical healthcare settings. (See Unit 201 [AC 1.1](#), page [2](#) for the definitions of these.)

Agreed ways of working are your employer's policies and procedures that are set out to guide you in relation to your work activities, and must be adhered to.

LO1 Understand working relationships in care settings

Getting started

Think about the different people you work with. What different types of working relationships do you have? How does your role vary with each person you work with? Are there some people that you work more often or more closely with than others? Why is this?

AC 1.1 Explain how a working relationship is different from a personal relationship

Relationships feature in all our lives and develop throughout childhood and into adulthood. According to the psychologist Abraham Maslow, the basic human needs we must all fulfil are love and belonging. Maslow defines these as including:

- friendship, for example a best friend who has known you since school
- intimacy, for example a partner who knows you in a loving and/or sexual way
- trust, for example a colleague at work who you can confide in and rely on
- acceptance, for example your sibling who accepts you for who you are
- receiving and giving affection and love, such as the relationship you have with your parents
- affiliating, in other words being part of a group, for example friends, family, colleagues at work.

These are the key ingredients of relationships and the reasons why relationships exist. They are the basis of our communications and interactions with others, they help us to get to know each other and form close bonds and they are the source of support through which the sharing of ideas takes place.



Research it

1.1 Maslow's hierarchy of needs

Research Abraham Maslow's hierarchy of needs and produce a poster that outlines his five-tier model of human needs (often depicted as a pyramid). Think about how this relates to relationships in terms of what we give and receive from different relationships.

You will find the following link useful:

<https://simplypsychology.org/maslow.html>

Relationships also play a crucial role in our overall well-being and how we see ourselves. For example, in times when we are not at our best, the relationships that we have can be a source of great emotional support, they can lift us up when we are not feeling at our most confident and can improve our self-esteem. Have

you ever felt down, and upset and had a reassuring conversation with a friend who has cheered you up? Does the feeling of being around people make you happier? As people, we like to feel included and part of a bigger group and meaningful relationships are a key part of that, both in and outside of work.

Relationships can also vary according to the people involved and the context in which they are created in terms of whether they are personal relationships or work relationships.

Key features of personal relationships

Personal relationships can be formed with family, friends and partners. [Figure 2.1](#) identifies some examples of who these types of relationships can involve.

Family

Personal relationships with family can mean different things to different people and can depend on who you trusted and relied on as you grew up. Family may be the people that you feel most comfortable with and with whom you feel you belong. You may grow closer over time, or you may find that you are less close as time goes by. A family may be related to you:

- by birth, for example you may have parents, brothers and sisters, aunts, uncles, grandparents

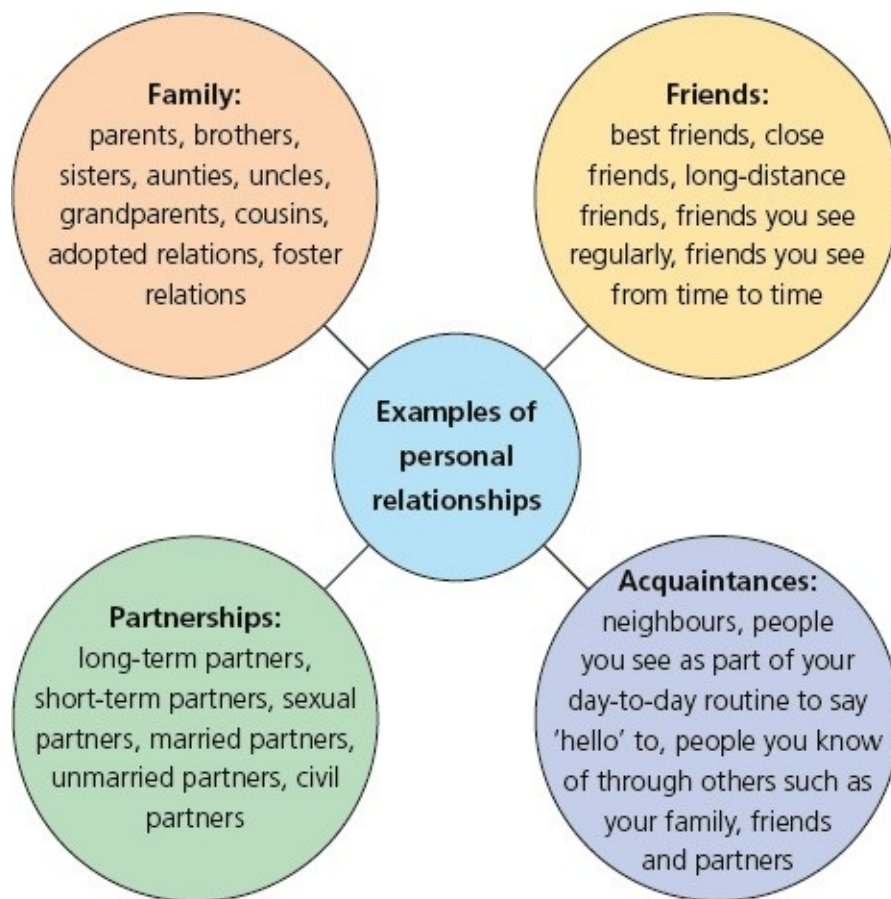


Figure 2.1 Personal relationships

- by marriage, for example your partner
- or by adoption, for example your parents or guardian.

The meaning of family can also differ as there are various other structures. Family does not just refer to 'the nuclear family' consisting of a mother, father and children. Some families may be 'lone parent' families (just one parent), or there may be stepfamilies where one person may play the role of step-parent for example. There are also extended families that include grandparents, uncles and aunts who may also live alongside parents and children. You will find that you will work with a variety of family structures, so it is important that you understand the different relationships that exist.



Care

Care involves putting others' interests before your own. This is because

caring for someone involves being kind, thoughtful and approachable. A good carer does not just provide high-quality care as a one off – but consistently, over and over again. You can show that you care by doing something kind for someone else, that shows you have thought about their needs and want to make a difference to their situation. It is an important quality required in both personal and professional relationships and especially important if you want to build positive relationships.



Reflect on it

1.1 Your relationships with family members

Think about what family means to you. Who do you consider to be your family? Why? Think about what all your relationships with family have in common.

Friend

This refers to a personal relationship with whom you have a close connection or bond. If you think about who your friends are, they are usually people who you like, have things in common with and perhaps have shared similar experiences. For example, you may have a best friend who has known you since primary school and who you shared the same lessons at school with, went to each other's birthdays and other family celebrations, spent time with during the holidays and socialised together after work. Some friendships can last a long time, others come and go but it is usually our close friends that have most impact on our general well-being. Making a connection with others can be a skill (which will come naturally to some people but not to others) and it is often a skill that we have learned through making the friends we have already. It is a skill will need to draw upon in the care setting where you work.

Partnership

This refers to a personal relationship with a partner who you know intimately in a loving and/or sexual way. Partnerships are therefore different to relationships with family and friends because they usually develop out of affection and physical closeness. Partnerships also vary depending on our preferences and beliefs. For example, a civil partnership is a relationship only formed between two people of the same sex; civil partnerships and same-sex marriages are

formally recognised in UK law and give people the same rights and responsibilities as same-sex married couples.

Acquaintances

These are personal relationships, which may be frequent but not develop into anything more than an acknowledgement. Your next-door neighbour may be someone who you see every morning and say hello to but apart from that (and perhaps seeing them out in the area where you live) you have no other contact with them. Some relationships with acquaintances however, can develop over time into friendships and even partnerships. For example, you may previously have only seen someone in the local shop every now and again but you may get to know them a lot better over time and find that you share the same interests. Similarly, you may only ever 'see' someone you went to school with on Facebook, but a message may lead you to getting back in touch and this may develop into a friendship beyond social media.



Key terms

CQC inspectors monitor and check the quality of care settings. They check whether care settings are safe, providing effective care, treating individuals with dignity and respect and meeting individuals' needs.

Professional refers to carrying out your job in a skilful and knowledgeable way, showing behaviour that is moral and acceptable for the role that you are in.

Boundaries are the limits that you must work within when carrying out your job role.

Key features of work relationships

Work relationships, as the term suggests, are formed with the people you interact with as part of your day-to-day work tasks. In care settings, work relationships are formed between those who work there and others, as [Figure 2.2](#) shows. How many of the work relationships identified in the diagram have you formed in the care setting where you work? Are there any others not featured in the diagram?

Why are good working relationships important?

Having good working relationships is essential for:

- **providing good quality care** and support because it means everyone works

together to ensure individuals' needs are met

- **enjoying your work** and job satisfaction (there is nothing better than waking up in the morning and looking forward to going to work). In addition, others who you work with will feel your positivity and commitment to the job and you will therefore be contributing towards a nice atmosphere
- **encouraging mutual trust and respect** – working together as one team will encourage you and your team members over time to build trusting working relationships with each other and learn to respect each other's ideas and contributions. You will also learn how to support one other.

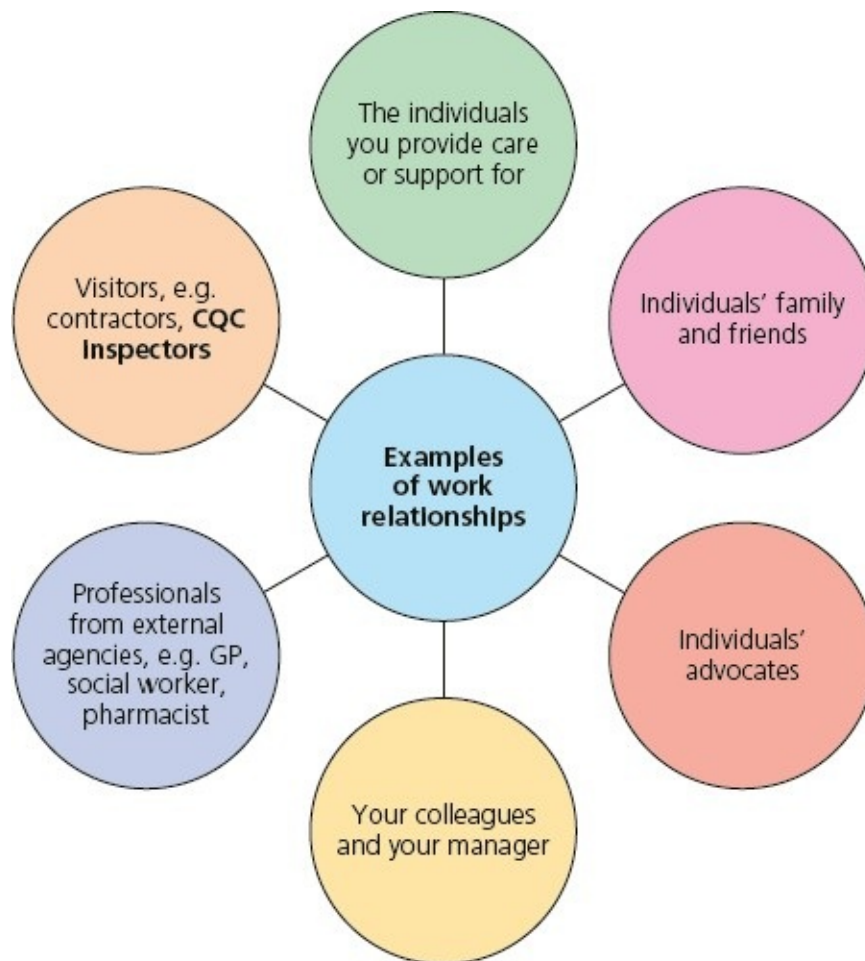


Figure 2.2 Work relationships

Companies tend to focus on improving relations between team members, and may even organise team-building days in order to encourage positive relationships between staff. This is because they recognise the importance of effective working and how it can lead to a happier, productive workforce and (in a care setting) how it can improve the quality of service and support that we

provide to individuals.

How do work relationships differ from personal relationships?

There are some important differences between relationships at work and personal relationships. You need to be aware of these so that you can carry out your role in a **professional** way. [Table 2.1](#) outlines the main differences between personal and professional working relationships.

Table 2.1 The differences between a work and a personal relationship

A working relationship	A personal relationship
Working relationships are planned. In your care setting, you work with individuals and within a team in order to provide individuals with care or support; you do not choose the people you work with. You will work with those that you need to in order to fulfil the requirements of your job and provide the best care possible.	Personal relationships by contrast, such as those with friends, develop naturally and you choose who you want to be friends with.
Working relationships are structured. In your care setting, you and the team will have rotas and plans for how work activities are to be carried out, including specific objectives and associated timescales for their completion. These are agreed before carrying out any work activities such as the support you provide to individuals in the mornings for their personal hygiene routines or during the day for eating and drinking, for example.	Personal relationships by contrast are not necessarily structured. The time you spend with family and friends will depend on your and their availability, it does not necessarily have to be planned. For example, you can be spontaneous and decide that you are going to give your friend a visit or decide during an evening visit to your family that you are going to stay overnight. You do not have to decide on a schedule or agenda for your meeting or how long the meeting will last.
Working relationships have clear boundaries in place. Your care setting will have guidelines (often written guidelines) that explain what is, and what is not acceptable as part of your job role. This includes what is and what is not acceptable behaviour in the care setting where you work. You will be expected to demonstrate professionalism, work to a high standard to provide the best-quality support and fulfil your duty of care (see Unit 305 Duty of care in care settings). You will also have to ensure that you adhere to the codes of conduct in your setting. (See Agreed ways of working on pages 60–66). You will be expected to turn up on time for work, it will not be acceptable for you to always be late; you will be expected to be polite to individuals' families when they visit, it will not be acceptable for you to be rude to them.	Personal relationships, by contrast (although there are unwritten rules of what is acceptable behaviour), do not have the same boundaries, i.e. ones that are written down that you must comply with. For example, you should not tell others anything that a friend has told you in confidence – but there is no contract to say that this is not allowed.
Working relationships are bound by agreed ways of working. In your care setting, you will have requirements set out by your employer including policies and procedures as well as codes of conduct which you must follow in relation to how you must behave when at work. ● The care setting where you work may have a gifts policy in place that prevents you from accepting gifts of any kind from the individuals that you provide care or support to and their families. This is because others may think the reason you are being given a gift is because you somehow favoured these individuals and their families over others when providing them with care or support and as a result they have given you a gift. ● The data protection policy and procedures in your care setting may prevent you from sharing personal information about the individuals that you work with outside of the care setting.	By contrast, in personal relationships you are not bound by any rules and can give a gift to anyone. This can be any type or monetary value of your choice, in other words it can be as expensive or as inexpensive as you like. You can also share personal information about your families and friends with other family and friends, if you choose to do so – you are not bound by any confidentiality rules, only by your own conscience.

A working relationship	A personal relationship
Working relationships include unequal balances of power. In your care setting, you will know personal information about the individuals you provide care or support to, such as their date of birth, their likes and dislikes and their family background, however, they will not necessarily know any personal information about you. Individuals depend on you to have their care or support needs met, but you do not depend on them to have your needs met.	Personal relationships, by contrast, are more equal. Those involved in the relationship share personal information about themselves; this is one of the ways in which close bonds are built.

Dos and don'ts for maintaining professional relationships with the people you provide care and support to	
Do	Try to keep things as professional as possible. Of course, it is good practice to be friendly, but you may be caring for a wide range of individuals, not just one so making sure that you remain professional means that you will be able to provide equal care and support for all, and not seen as favouring some over others. This can be a tricky task because it may be that while working together you feel rather close to the individual. However, remember that you are also a professional.
Do	Share information so that you are friendly and personable but do not overshare. It is important to share things with the individual that you care for, but being professional means that you do not go into too much detail. This oversteps the boundaries and means that you may be seen to favour some over others. Also, oversharing means that the relationship can become personal and there is a risk that it could be misinterpreted.
Don't	Accept gifts, money or anything in case it looks like you have favoured particular individuals. An individual may want to give you a gift as a thank you but it is important that you try not to accept these. An appropriate response may be 'Thank you very much, that is a lovely thought, but I really cannot accept. I'm sorry.' You could even say that you are not allowed to accept gifts and that you would be breaking the rules by doing so. Remember that providing the best possible care to some of the most vulnerable people is your top priority. You are there to provide care for them. Do not expect gifts or support in return for your work.
Don't	Tell the individual about your worries and problems. It is your responsibility to listen to them and help them with any issues they may have. Just because they tell you about their worries, do not use it as an opportunity to share your concerns. This is all part of maintaining a professional relationship.



Case study

1.1, 2.1, 2.3 Relationships at work

Aamna has worked as a senior support worker with five older individuals with learning disabilities in a residential care setting for ten years. Aamna has got to know every individual so well over the years that they always turn to her when they need support or advice; this even includes on her days off. This makes Aamna feel good about herself and gives her tremendous job satisfaction. Over the last few years Aamna has taken it upon herself to come in on one of her days off every two weeks to arrange outings with individuals to different places of interest including to the garden centre, cinema and bowling club. Aamna's manager is very impressed with Aamna's commitment to her job and sees her as a valued member of the team.

This week Aamna requested a meeting with her manager to inform her that, due to her husband being diagnosed with a serious illness, she will be resigning from her senior support worker role to care for her husband at home. Aamna's manager is shocked by her news and wonders how she is going to manage without her expertise. The individuals for whom Aamna provides support are very upset that she is leaving and do not want her to go – particularly because they liked her arranging their outings. One of the individuals is so upset that he has asked to meet with his social worker as he wishes to leave the care setting if he is no longer going to receive support from Aamna.

Discuss:

- 1 Have the boundaries between Aamna's working relationships become confused? If so, why have they become confused?
- 2 The individuals and colleagues in the setting have not taken the news of Aamna's departure well. Could this have been avoided? Suggest some different ways that the news could have been announced.

Evidence opportunity

1.1 Personal and working relationships

Identify two people that you have a personal relationship with and two people you have a working relationship with.

For each person you identify write down:

- how well you know them
- when you see them, how often and the reasons why
- what you do together when you see them, how often and the reasons why
- what you know about them
- what they know about you.

Read through your comments to the above points. Explain the differences between the working relationships and personal relationships you have with these people. Provide a written account.

AC 1.2 Describe different working relationships in care settings

Working together with others is part of your day-to-day role as a care worker. You will work with a variety of people from colleagues and individuals that you care for, to their families, their advocates, GPs and other people and organisations outside the setting. For example, in a typical day, you may work with a colleague to provide support to an individual with an activity or communicate with an individual's advocate about arranging to meet with them, or you may work alongside an individual's social worker and GP to protect the individual from harm. Every one of the working relationships you have in the care setting where you work will be different. See [Table 2.2](#).

Table 2.2 Examples of working relationships and aspects of what will be involved

Working relationships – people you will work with	Aspects of what is involved
An individual who you support in your care setting	Providing support with daily tasks such as with personal hygiene, eating and drinking, moving and handling, cooking and shopping. Supporting the individual to understand information in relation to their home, daily activities, finances. Enabling the individual to be part of their community, for example by supporting them to visit family and friends, encouraging them to socialise with others, supporting them to access local facilities such as the gym, leisure centre or shops.
An individual's mother who visits their relative on a weekly basis	Supporting the individual's mother to ask their relative about their week and activities. Providing the individual's mother with information about the care setting in relation to the services it provides, how many individuals live at the setting, how many staff are on each shift. Enabling the individual's mother to participate in some of the activities being organised at the care setting, such as a summer fete open to all or a coffee morning open to individuals' relatives.

Working relationships – people you will work with	Aspects of what is involved
An individual's advocate	Discussing with the individual's advocate how an individual's communication needs have changed. Asking the individual's advocate for their advice on how to support an individual at a meeting about their care needs. Receiving information from the individual's advocate about the communication aids that the advocate uses to support the individual to communicate.
A colleague who works the same shifts as you in your care setting	Sharing with your colleague how you developed a successful group craft activity. Supporting your colleague who is having difficulties making themselves understood when communicating with an individual who has hearing loss. Agreeing with your colleague how to work together as a team to move an individual from a sitting to standing position.
Your manager	Discussing with your manager whether you can book some additional annual leave. Discussing with your manager your achievements at work and the areas you would like to improve on. Seeking guidance from your manager when you have witnessed a visitor speaking to an individual inappropriately.
An individual's GP	Telephoning the individual's GP to make an appointment. Providing the individual's GP with information about the individual's symptoms when they are feeling unwell. Finding out what support is available from the GP surgery for an individual who wants to stop smoking.
A contractor who has come to repair the sink in the staff room	Checking with the contractor before allowing him access to the premises – such as the purpose of his visit and his identity. Accompanying the contractor to the staff room to repair the sink in the staff room. Providing the contractor with all the necessary information in relation to the repair needed to the sink, i.e. where it is leaking, the length of time it has been leaking.

Team building and good working relationships

You cannot expect to understand how your colleagues work and how you can all work well together on day one. There will be times when you are able to all work successfully to meet an objective but there will also be times when you disagree with one another. This is all part of being in a team. In order to ensure that you work well with others, you should try and remember that good working relationships have key features, some of which we explore here.

Good communication

This includes both verbal and non-verbal communication and means communicating clearly with colleagues, clarifying your understanding of what has been communicated. When working in a team, you will need to ensure that everybody understands their role, and the part they will play in order to offer the best care possible to individuals in the setting. This will include effectively communicating in any discussions, making sure that you value what everyone else has to say, their views and opinions and working together to reach a decision which is in the best interest of the individual (see [Unit 305](#) Duty of care in care settings), In writing, this involves using respectful language and ensuring what you have written is true. For more information about good communication refer to [Unit 303](#) Promote communication in care settings.

Good values

In working relationships, this involves treating others how you would like to be treated. In other words, treating the people you work with respectfully, being honest, polite, responsible and trustworthy. For example, you can show respect by being considerate of the opinions of colleagues, showing that you value their views and advice. You can show that you are trustworthy and honest by communicating correct, accurate information even if it means communicating something that you have done wrong. All of this helps to create strong trustworthy relationships, ones where people are open and supportive of one another.

Good understanding

This involves getting to know each other including each other's strengths and limitations and being willing to understand and learn more about one another's different roles and responsibilities.

Good support

This means supporting each other to work together as a team. This may involve putting a colleague's needs before your own or being prepared to give your time

to a colleague who is finding it difficult to learn a new skill. Support involves giving and receiving skills, knowledge and experiences and also showing or displaying support for one another. For example, you not only work together to resolve issues, but also demonstrate your support for colleagues by speaking up. For example, if you feel a colleague has made a good point, then you can say 'Yes, I agree with X, I think X has made a good point and we should consider alternating our team meetings between lunchtimes and evenings so that staff who work part-time can attend these too'. Of course, there will be times when there will be disagreements in the team but the best way to approach this is to listen carefully to all viewpoints and work together to reach a solution.

A good tip is to think about how you like to be supported at work, whether it is by your manager or by other colleagues. Do you sometimes want help and support when you are struggling with a task? Do you sometimes struggle with workload and wish a colleague would help you? Do you wish someone would say 'well done' when you have done a good job? Remember that your colleagues feel the same way too. They sometimes feel that they have too much work to do – they too want some encouragement on days when they are not at their best.

Empathising can help to create strong professional relationships and in turn lead to a more productive and happier workplace if people feel supported and therefore motivated to do their job.

Dos and don'ts for supporting colleagues	
Do	Support one another if a colleague is struggling with a task. Maybe they are struggling with a moving and handling procedure. If so, help them. If you don't know how, then find someone who can help them.
Do	Share best practice. If something has worked well in practice, then share this with colleagues so that they can also learn from you. Likewise, if you have undertaken some training and found this helpful, share what you learned and encourage them to go on the course. Support one another to be better care workers.
Don't	Undermine or belittle a colleague. If you feel that they have done something incorrectly, it is useful to give helpful constructive advice. It is important that colleagues feel that they are part of a team and you cannot be part of a team if you constantly seek faults in others. Remember, however, that you must always tell your manager if you observe a colleague carrying out unsafe working practices.
Don't	Underestimate the importance of your colleagues just because you are busy. Value them! If someone is not well, or feels overwhelmed about something at work (or outside work), then be there for them. You could ask if they want to talk about the problem. Everyone is busy at work, but if you make time for one another, it will lead to more positive and supportive working relationships and a better working environment.



6Cs

Communication

Communication in a working relationship is essential for ensuring that you all work together as a team towards ensuring positive outcomes for individuals. Without good communication, misunderstandings may arise that may lead to an individual's care or support needs being unmet.

You can show good communication in your working relationships by:

- only writing down accurate information in your daily reports about the care you have provided to individuals
- remembering that if you have agreed with a colleague to do a task, then communicate this to your colleague when you have completed it
- effectively communicating to support colleagues by being friendly and polite in your communications and by using encouraging and supportive language, such as 'I thought you handled the situation with Jones really well. I know it must have been hard for you especially because you have been really busy with other individuals, but you did really well.'



Figure 2.3 How can you tell if your working relationships are effective?

Evidence opportunity

1.2 Different working relationships

Building on your work from Evidence opportunity 1.1, develop an information handout about the different working relationships you have in the care setting. For each working relationship, provide some details about why it is important and what makes it effective.

LO2 Be able to work in ways that are agreed with the employer

Getting started

Think about an occasion when a work activity was not carried out to a high standard. Why do you think this happened? What could have been done differently to prevent this happening again? What was the outcome of the work activity not being carried out to a high standard? What are the potential consequences for individuals, the employer, you, your colleagues?

AC 2.1 Describe why it is important to adhere to the agreed scope of the job role

Your job role

Developing effective working relationships with others can only be achieved if you carry out all the tasks that form part of your job role; this is commonly referred to as ‘the agreed scope’ of the job role. In the care setting where you work, you will have a [job description](#) that sets out all the responsibilities you have agreed to with your employer.

These will include the following:

- **the responsibilities, tasks or work activities** that you must carry out as part of your job role. These might include:
 - providing support to individuals with daily living activities to meet their needs
 - maintaining accurate records of the support provided to individuals
 - attending all training provided
 - as a Lead Adult Care Worker, you will provide guidance and support to care workers, supervise and monitor the work practices of care workers, lead on the care and support provided.
- **how you must carry out your work activities.** This might include:
 - promoting individuals’ rights such as privacy, dignity, independence
 - maintaining detailed and accurate records while protecting individuals’ confidentiality at all times
 - putting into practice all training attended by using person-centred ways of working
 - promoting people’s rights to be treated fairly, supporting others to provide high quality care and support.
- **who you report to**, such as your manager, team leader or your employer who may be the individual
- **who your supervisor is**
- **what your hours of work are**, for example flexible shifts, including evenings and weekends
- **how much you will be paid per hour**
- **where you must work**, for example in a variety of settings including in individuals’ own homes, in residential care settings.

Job descriptions will vary depending on the job. They will also vary in detail, some may be brief with an outline of the job role and key responsibilities but good descriptions will detail the purpose of your role, responsibilities, different tasks you will be required to complete, and also the reasons for doing so. In this way you have a clear understanding of why you are doing what you are asked, and understand how it impacts on the individual and setting. For example, instead of saying in the job description 'assist in mealtimes', it would be more helpful to say 'assist in mealtimes and ensure that the meal meets the dietary requirements and needs of the individual.' Or instead of saying 'provide good care for individuals' it would be more helpful to say 'provide care that involves treating individuals with compassion, dignity and respect and ensuring that they are involved in their care'.



Key terms

A **job description** is a document that outlines the purpose and responsibilities of your job role.

Adhering to the agreed scope of your job role also involves working within the boundaries or limits of the job role. The 'dos and don'ts' table provides tips to make sure you work within the boundaries. Basically, if it is not part of your job description, then you should not be expected to carry out the task.

Dos and don'ts for adhering to the scope of your job role	
Do	Comply with the agreed lines of reporting. For example, if you have a concern about an individual's well-being, then you should report your concerns to your manager in the first instance rather than going straight to the individual. Your job description will outline whom you will report to and you must work within these boundaries and the scope of your job.
Do	Only carry out work activities within your agreed hours of work. Do not assist an individual who wishes to go to the shops after your shift has ended without first seeking permission to do so.
Do	Work in locations agreed with your employer. Again this will be outlined in your job description and the scope of your job so do not provide support to an individual in your house or in the home of one of the individual's relatives instead of the individual's own home, for example.
Don't	Take part in work activities that have not been agreed as part of your job role and that you are not trained to do. For example, if your job description does not mention assisting individuals with medication, reviewing care plans, or supervision of new members of staff, then you should not be expected to do this. You may of course receive training and as a result your job role and the scope of your role may change but this is something you should discuss with your manager before you undertake tasks that are not outlined in your job description.
Don't	Work in ways that are not person-centred. For example, by imposing your views and denying individuals their rights, or by documenting your opinions when recording the support provided to individuals.



Research it

2.1 Your job description

Find your job description for the care setting where you work. Identify the responsibilities you have agreed to with your employer, including what you must not do as part of your job role.

Discuss the scope of your job role with a colleague. How do your responsibilities compare to theirs?

The importance of adhering to the agreed scope of your job role

Working within the agreed scope of your job role is essential for ensuring that you carry out your job responsibilities to the best of your ability. It is also very important for a number of other reasons set out below.

- **It ensures you are working at the correct level:** ensuring you adhere to the

scope of your job ensures that you are working to your ability and doing the tasks that you are qualified to do. Doing tasks that you do not have any expertise or qualifications in risks the health and safety of those around you and yourself. You can of course gain knowledge and skills in those areas but it is best to stick to what you know before you start taking on responsibilities that are not outlined in your job description and those you have not discussed with your manager first.

- **It ensures you are only responsible and accountable for what you do:** all organisations need structures and a clear outline of what everyone does in the setting. That way, you are only accountable for those things that you are responsible for and not for others. It is also clear to management who is responsible for what tasks and so there are no misunderstandings (if you are all doing what you are responsible for). That is not to say you cannot assist colleagues; it just means you should not take on tasks that are not in the scope of your job.
- **It is how your employer will assess your competence:** during supervision meetings with your manager and as part of your appraisal at the end of the year, your employer will discuss with you how you have performed in your job role. You will discuss whether you have carried out your work activities to the best of your ability, in line with your job role's requirements and with your employer's expectations of you. By adhering to the agreed scope of your job role you will be more likely to show that you are doing what is expected of you and that you are doing this competently, to a high standard. You can find out more about supervision and appraisals in [Unit 301](#) Promote personal development in care settings.



6Cs

Competence

Competence refers to your ability to apply the knowledge and skills you have learned to your day-to-day work activities. This is important because it means that you will only be carrying out work activities and working in ways that are set out in the agreed scope of your job role – activities that you have the knowledge and skills to carry out. You can show you are doing this by keeping a record of your professional development and discussing this with your manager during your supervision and appraisal meetings. You can also show your competence by obtaining feedback from

the individuals and others you work with about how you carry out your work activities.

- **It is part of your duty of care:** you have a duty of care to ensure you provide the best possible care, and the support you offer is in the best interests of the individual. You can review your learning about this concept in [Unit 305](#) Duty of care in care settings. For example, assisting an individual to move from their bed to their chair on your own when the moving and handling guidelines specify that two staff should be present can have serious consequences for both you and the individual. You may lose your job for carrying out a task on your own that you do not have the agreement from your employer to do. You may also injure your back during the move. Your actions may cause the individual to fall and fracture one of their limbs. Adhering to the agreed scope of your job role is therefore essential for your safety as well as the safety and well-being of individuals.
- **It ensures the health and safety of everyone:** you have a responsibility to ensure the safety of everyone you work with. Your responsibilities with regard to health and safety are covered in [Unit 302](#) Promote health, safety and well-being in care settings. Not adhering to responsibilities around health and safety, such as reporting concerns, can have serious consequences. For example, if you do not report concerns about a colleague's unsafe working practices when preparing food, it could result in illness such as food poisoning for those in the setting (as well as visitors). It could even prove fatal if they already suffer from other illnesses. If you do not report your concerns, your colleague will not be able to access the support and training they need. Both you and your colleague may also run the risk of losing your jobs. That is not to say you should spend your days worrying about what *might* happen, but it is a good idea to be mindful of the reasons why you should work within the scope of your job role and responsibilities.
- **It protects you from untrue allegations:** meeting with an individual on a one-to-one basis when it has been agreed that all meetings with this individual will take place in the presence of two members of staff can have serious consequences for everyone. You may be accused of something that you did not do, for example shouting at the individual. This will in turn mean that your employer will be required to conduct an investigation into what happened. The incident will also need to be reported to the individual's family and to CQC, the external agency who regulates the services provided at the care setting. This may result in the individual requesting a move to another care setting, you losing your job and could even mean an end to your career in the adult

social care sector. Again, this example is not designed to scare you, but you should remember that your job description has important reasons for everything that it outlines including the working methods you should follow. You shouldn't need to be too concerned about the consequences if you are following the rules and guidelines in your job description.

If the individual is your employer/if you are a private carer

If your employer is the individual to whom you provide care or support, or you work on your own as a private carer to an individual, then it is important that you understand and read through the guidance provided to you by the person who is employing you; this may be written formally and included in your contract of employment, or may be in the form of a personal plan of work that the individual has prepared. Some individuals and their families may also brief you verbally, and may ask you to approach them if you have any questions or concerns. You could also seek support from other carers you know or other lone workers who you meet when you attend training or conferences.

Evidence opportunity

2.1 Adhering to the scope of your job role

Think about three work activities that you are required to carry out as part of your job role. For each work activity, describe to your assessor why it is important you carry it out competently and within the agreed scope of your job role. What happens if you do not follow the scope of the job role?

AC 2.2 Access full and up-to-date details of agreed ways of working

As you have learned, agreed ways of working refer to working practices that are used in the care setting where you work that have been agreed with your employer and set out how you will carry out your job role and its associated responsibilities.

Adult care settings are all different and therefore agreed ways of working vary between the different settings. However, all adult social care employers will have the following policies, procedures and guidelines in place.

- **Policies** are the general guidelines for the way you should work. Your setting will have many policies in place such as one for health and safety, one for handling information and one for dealing with visitors. The policies in your setting will comply with legislation and they will reflect the aims of the care setting. For example, in order to comply with the Data Protection Act 1998 or the new GDPR (see Unit 304 Promote effective handling of information in care settings, [AC 1.1](#), for more details), your care setting must have in place a policy that describes how it will ensure that individuals' personal information will be kept secure at all times when being used, recorded, stored and shared.
- **Procedures** set out in detail how you should work and the ways of working that your employer expects you to follow on a day-to-day basis to ensure the policies are being put into practice. Basically, the procedures detail the processes to follow! For example, data protection procedures describe your responsibilities for handling individuals' and others' personal information. Procedures explain how to follow the data protection principles, what to do when an individual requests access to their personal information and the process to follow when you have issues or concerns. This includes the people you must report these to, such as your manager or the data protection officer who has overall responsibility for managing data when there are issues or concerns. In your setting, there will be procedures for nearly everything you do, from moving and handling, to giving medication to individuals, to how to deal with an emergency such as a fire.
- **Guidelines** set out *precise* ways of working that your employer will expect you to follow for the care of specific individuals and work activities. For example, data protection guidelines may be in place for one individual who has given strict instructions that you are not to tell his family every time he has a fall because he does not want to worry them. It is important that you respect

his right to have this personal data about him not shared with his family. Another example may include an individual who uses photographs to communicate with others. There may be specific guidelines in place to advise you on how to ensure that these photographs are kept secure and handled in a way that others do not have access to them. It may be that you need to ensure that communications only take place in a private area where others cannot have access to the photographs or you may need to ensure that when the photographs are being used they are placed in a holder that can only be viewed by you and the individual.

Agreed ways of working relate to many aspects of work in care settings, as [Figure 2.4](#) shows.



Reflect on it

2.2 Your work activities and agreed ways of working

Reflect on the different work activities you carry out as part of your job role. Which ‘agreed ways of working’ are these related to?

Can you think of any other examples not mentioned in [Figure 2.4](#)?

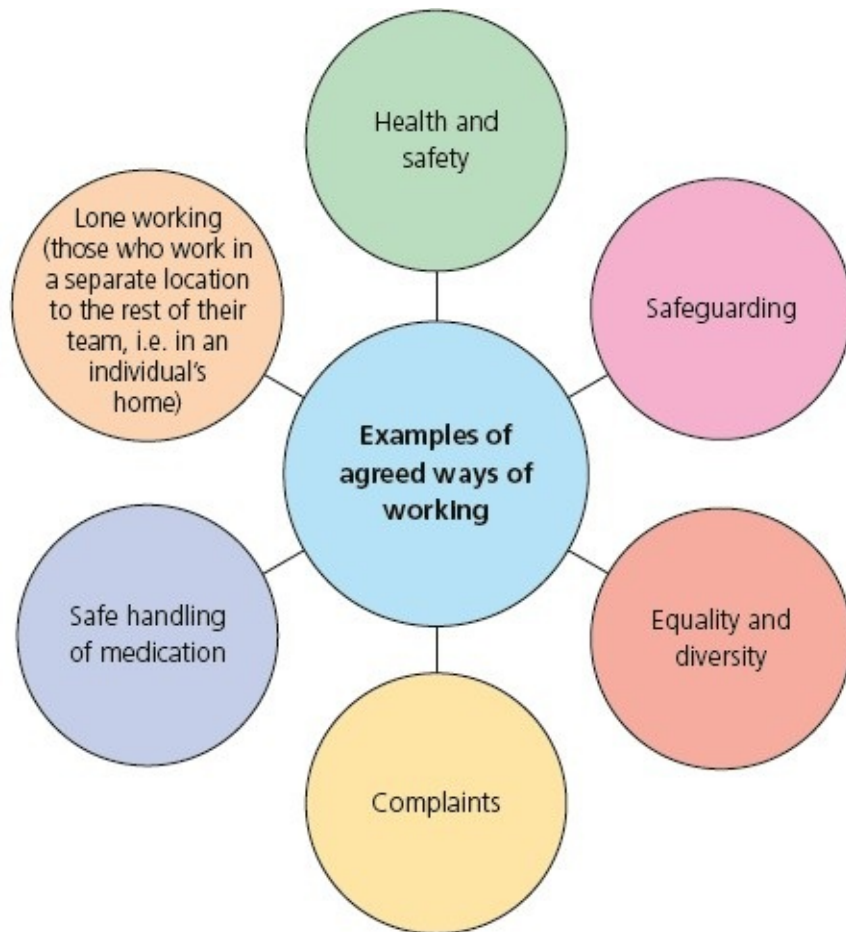


Figure 2.4 Agreed ways of working

Accessing agreed ways of working

Policies, procedures, guidelines and agreed ways of working are stored in adult care settings so that they can be accessed by workers. In this way workers can follow these when carrying out their work activities. You should remember that you will be observed while doing this as part of your assessment. In some care settings, they may be stored in the team leader's office, in others they may be stored in the staff room. In addition, there is usually a process that you must follow to gain access to them and although this varies across different care settings there are some general steps that you will be required to follow.

You should:

- request permission to access the documents from either your manager or team leader
- read them in a private area so that others who do not need to have access to them cannot pry
- confirm that you have read and understood them by signing and dating them

when you have finished.

If there are any aspects of your employer's agreed ways of working that you do not understand or are unsure about then you must seek advice from your manager. Do not sign them indicating that you have understood them if you haven't, as doing so will mean that you may not be following them as you are legally required to do. This may mean not only the loss of your job but also that you will be placing everyone's health, safety and well-being at risk.

Full and up-to-date details of agreed ways of working

Having access to full and up-to-date information with respect to agreed ways of working is essential for ensuring that your work practices are safe, legal and up to date. Agreed ways of working need to be updated when there are:

- **changes to legislation:** so that you can ensure that your work practices comply with legal requirements. For example, when the new General Data Protection Regulation (GDPR) came into force in May 2018, care settings' agreed ways of working needed to be updated to reflect this. It is important you are aware of these changes and what they will mean for your working practices so that your practices remain legal.
- **changes to best practice:** so that you can ensure that your work practices are up to date, safe and reflect current best practice. For example, first aid procedures and the actions to follow for different health emergencies are always being reviewed and updated on a regular basis depending on current research. It is important you are aware of these changes so that any actions you take are safe and do not put yourself or others in danger or at risk of harm.
- **changes to individuals' needs:** so that you can ensure that your work practices are safe and promote individuals' health, safety and well-being. For example, an individual's guidelines with respect to the support they require for eating and drinking may change if the individual has developed swallowing difficulties. They may require support with ensuring that they are in a comfortable position when eating and they may only be able to eat soft foods and have small sips when drinking (they may need to use a straw). It is important you are aware of the changes so that the support you provide is safe, meets the individual's needs and prevents the individual from choking.

The information in your employer's agreed ways of working must be complete and up to date so that it provides a true and accurate picture of the requirements expected of you in your job role. You can check agreed ways of working contain full and up-to-date details by:

- checking the legislation that supports these, for example legislation that supports the agreed ways of working may be included
- asking your manager; you could check with them whether you are reading and signing the most up-to-date version
- using your own knowledge of the individuals you provide care or support to. For example, if there is a change to an individual's condition and you notice that this has not been updated on the individual's guidelines. In this situation, you would report your concerns to your manager immediately.

Evidence opportunity

2.2 Accessing full and up-to-date details of agreed ways of working

Your work practices will be observed for this AC.

Find out who has the responsibility in the care setting where you work for maintaining and keeping the agreed ways of working complete and up to date.

1 Carry out some research in the care setting where you work. Find out where your setting's agreed ways of working are stored. Are they stored in one location? Find out the process you must follow for gaining access to them. Why is this process in place?

2 Produce a poster with your findings.

Your working practices will be observed to ensure that you know how to check that the agreed ways of working you access contain full details and are up to date.

AC 2.3 Work in line with agreed ways of working

Working in line with your employer's agreed ways of working, as you have learned, is an essential part of your job role and ensures that you are carrying out your work responsibilities lawfully, safely and in line with current best practice; your work practices for working in line with your employer's agreed ways of working will be observed.



Courage

Courage involves being clear with others when mistakes have been made or unsafe practices have been witnessed. Taking no action is not an option. Doing so may mean that unsafe practices continue and potentially can place individuals, others and yourself in danger and at risk of harm. You can show courage by ensuring that you always follow agreed ways of working; in this way you will be setting a good example to others in your work setting and that you always report any unsafe practices you notice.

Below are some tips to help you work in line with your employer's agreed ways of working.

- 1 Ensure you find out where your work setting's agreed ways of working are including how to gain access to them. Read them, and if there is something you do not understand, seek advice from your manager.
- 2 Ensure you only carry out work activities that have been included in the scope of your job role.
- 3 Attend all training and read all information updates provided to you by your employer. If you do not feel confident to carry out a work activity that you have been trained to do be honest with yourself and talk this through with your manager.
- 4 If you observe an unsafe working practice or if an individual, their family or a visitor brings something of this nature to your attention, ensure that you report it to your manager immediately. You will also need to make a record of these observations. Showing your **courage** in these situations will ensure that you promote your own and others' health, safety and well-being.
- 5 Be prepared to explain why you are carrying out your work activities in the way that you do, for example to the individuals who you are supporting with a

daily activity or to a colleague you are working with, such as when you are both working together to assist an individual to mobilise.

- 6 Find out who you must report to when carrying out your work activities; ensure you do this and comply with any information or guidance that this person provides, for example this may be your manager or another senior member of the team.
- 7 Observe individuals, listen to their feedback (and the feedback of others) for how you carry out the work activities you are responsible for. Reflect on their feedback and use this to continue to improve your work practices.



Research it

2.3 Agreed ways of working and feedback

Carry out some research in the care setting where you work. Work with two colleagues, your manager and one other person; this could be an individual, another colleague, or a professional who visits the care setting.

Ask each person you have identified for their feedback in relation to the following:

- what they like about the way you carry out your work activities
- what work activities you carry out the best and why
- what work activities you carry out that could be improved and why.

Collate the feedback you have obtained and reflect on whether you always work in line with agreed ways of working. What could you do to improve?

Evidence opportunity

2.3 Work in line with agreed ways of working

You will be observed for this AC.

Identify two work activities you feel you are competent to carry out. Arrange for your assessor to observe you while carrying them out. Ensure that you can show that you are working within the scope of your job role and in line with your employer's agreed ways of working.

AC 2.4 Contribute to quality assurance processes to promote positive experiences for individuals receiving care

What is quality in care?

Good-quality care means that:

- an individual's experience will be positive, caring and enabling
- an individual's experience will meet their expectations as well as those of their family, friends or advocates
- care services will be safe
- care services will be effective.

What is quality assurance in care and how can you contribute to it?

Quality assurance means to ensure a high quality of care in the setting. It is about offering the best care and service possible and meeting the needs and requirements of those who use the services.

Below, we cover some of the different aspects involved in quality assurance.

Fact finding

This involves finding out about the care individuals receive, and will include the aspects of care that are working well for an individual and the aspects that require further development. Finding out this information means you can further improve the areas that are not working so well to ensure that individuals receive the highest quality of care. For example, an individual may express that they are pleased that they can request their care worker to arrive a little earlier or later in the mornings depending on what their plans are for the day. This works well during the week but they may find that this does not work as well at the weekends because sometimes the care workers may arrive quite late in the mornings.

You have a very important role to play in contributing to the quality assurance process and your practices will be observed. It is through quality assurance that you too can be part of an individual's positive experience of care. Below are some tips for how you can do this.

- **Focus** – start by deciding what you want to find out – and the reason why.

Think about whether there are a few specific aspects of individuals' care needing improvement or whether there is just one aspect. For example:

- care provided with eating (one aspect)
- care provided overnight or over weekends (multiple aspects).

Think about whether these aspects of care are specific to one individual or whether they apply to more than one individual. For example:

- providing support when communicating with a communication aid (one individual)
- risk assessment processes that are followed when supporting individuals on activities out in their local communities (more than one individual).
- **Work with others** – next, you need to decide who to involve in quality assurance processes and the reasons why. For example, if you are trying to find out why the new activities room in the care setting where you work is not being used as much as you thought it would be, you may want to involve the individuals who use the activities room because the activities room has been provided as a result of their request. You may also want to involve the care workers and Activities Co-ordinator who support the individuals to participate in the activities because they may also be able to share with you their observations about what individuals like or don't like about the activities rooms as well as what difficulties there may be such as not enough lighting, too much noise, or not enough space for individuals who use wheelchairs. You may be aware that from time to time some of the individuals' relatives will also provide support during activities; you may identify who these are and ask them too for their views.
- **Take action** – you need to consider the methods available and which ones you think will be most suitable to use to find out the information you want to know. For example, you will need to consider whether you want to have a discussion with individuals in pairs, in small groups, or on a one-to-one basis. You may opt to use questionnaires that can be completed over email or sent out in the post to relatives and others. Again, you will need to think about what kind of information you want to collate; for example, if you would like to hear the opinions and suggestions of the individuals then a discussion may be better, whereas if it is factual information you need, questionnaires that contain specific questions may be more suitable.

Contributing to quality assurance processes to promote positive experiences for individuals receiving care means having open discussions where there is an honest exchange of information and ideas, obtaining feedback from all those

involved and reflecting on this. It also involves a high level of **commitment** from you to ensure that quality assurance processes continue to be maintained and are effective.



Commitment

Commitment to quality assurance is necessary to ensure that you and others promote a positive experience for the individuals who receive your care. This means not being afraid to find out how effective the care or support you provide is and then make the improvements that are necessary to meet individuals' and others' expectations. You can do this by showing that you are genuinely interested in finding out about the experiences, the views and opinions from everybody involved and by taking on board all the feedback you receive. You can regularly review and monitor the care or support you provide to all individuals.

Taking action

This involves listening to what is being said or observing what is happening, using this information as the basis for making improvements to the care provided, discussing it with colleagues and putting this into action. For example, an individual's family may tell you that they have noticed that when their relative has their afternoon coffee in their room it often arrives lukewarm but that this never happens if the resident has their afternoon coffee in the lounge. You decide to take action by informing your manager as well as the chef in the kitchen. As a result, new coffee pots are bought so that when the coffee is served to residents in their rooms it retains its heat. It is also agreed for a team member to check 15 minutes or so after the coffee has been taken to the resident's room that it is to the individual's liking.

Monitoring

This involves assessing how well a service is running including how well the care being provided to individuals is working. For example, in the situation described above about the individual having a hot drink in their room, it will be important to check that the measures that have been put in place to resolve the situation are *still working*. For example, you may want to check with the individual and their family by asking them at regular monthly intervals directly

about their experiences. You could speak with the chef and the care workers to find out their views about how the new coffee pots are working. You could also take on board any other suggestions shared with you for further improving the situation.

Monitoring whether the CQC's fundamental standards are being met is a responsibility of all services that provide individuals with care. It is important that services are regularly checking on the quality of the care or support being provided, i.e. is it tailored to individuals' needs and preferences? Are individuals' rights to dignity and privacy being upheld? The safety of the care or support being provided also needs to be checked regularly. Does it promote individuals' health and well-being, and safeguard them from abuse – for example, by ensuring that risk assessments are completed, and that staff are trained, qualified and competent to provide care and support?

Quality assurance is not:

- **one size:** all individuals receiving care are different with their own values, beliefs, views and experiences.
 - For example, when finding out about individuals' experiences of care you may ask one individual directly by discussing this with them but you may have to make arrangements for another individual who has communication needs to have their advocate present so that they can ensure that the individual's views and preferences are expressed.
- **a one-off:** promoting positive experiences for individuals receiving care does not just happen once a year or one occasion; instead it is an ongoing process.
 - For example, ensuring that the activities provided in the care setting where you work are safe is an ongoing process as it involves daily, weekly and monthly checks. You can't stop checking that they are safe or only assess activities for any risks they present once, it has to be done every time the activity is provided to ensure it does not place yourself, individuals and others in danger or at risk of harm. This is part of your duty of care.
- **an exercise:** promoting positive experiences for individuals receiving care is not about filling in questionnaires and about ticking boxes on forms; quality assurance is a process.

Following your employer's agreed ways of working is an integral aspect of your job role. For example, you don't assess how well you do this by answering a short questionnaire about your own working practices; you do this by discussing this with your manager in supervision meetings and by seeking feedback from your colleagues, the individuals you provide care to and their families, friends

and advocates.

Case study 2.4 will help you consider the different factors you need to take into account when contributing to the quality assurance processes in the care setting where you work.



Reflect on it

2.4 Why is quality assurance important?

Think about the reasons why quality assurance is important for the care setting where you work. What are your expectations for providing quality care in your job role and care setting? Why do you think this is important?



Research it

2.4 Quality assurance processes in your setting

Carry out some research in the care setting where you work about the quality assurance processes that are in place for promoting positive experiences for individuals receiving care. Produce an information handout with your findings.

You will find it useful to speak with your manager and access the quality assurance policy and procedures that are in place in your work setting.



Case study

2.4 Contributing to quality assurance processes

Michael is a senior day care centre worker. As part of his role, he works in a team of four to support the activities provided for young adults with learning disabilities by encouraging and enabling the individuals to participate. The team met last week to discuss the activities being provided because they do not seem to be as well attended as before and the team are unsure as to the reasons why.

The team has agreed to involve all the members who attend the activities as

well as those who used to attend but have stopped doing so. This also includes involving individuals' relatives who from time to time support the activities and also the activities worker who leads on the outdoor activities at the weekend.

Michael and his colleague will be interviewing the individuals who attend and have decided that due to their range of needs, they will interview them one by one. Michael has developed a set of questions that he plans to use with individuals; he has also adapted these to include photographs and signs as some individuals are unable to read and others prefer to communicate through signs. Michael's colleague has also arranged for an individual's advocate to be present during the interview as the individual feels less anxious in a one-to-one situation when someone he knows well and trusts is present.

Discuss:

- 1** Why is it important for the team to find out the reasons why individuals are not attending the activities?
- 2** Why did Michael and his colleague take into account individuals' needs when making arrangements for interviews?
- 3** What other methods could be used by the team for obtaining feedback from all those involved?
- 4** How could Michael and the team continue to monitor how the activities are working?

Evidence opportunity

2.4 Quality assurance processes and positive experiences for individuals

You will be observed for this assessment criterion. Think about an individual you work with – how could quality assurance ensure their care is of the highest quality? Demonstrate to your assessor how you have put into practice with an individual receiving care, showing how you contributed to quality assurance processes and how this influenced positive experiences for them.

LO3 Be able to work in partnership with others

Getting started

Think of an occasion when you were part of a group and formed a team together. For example, this may have been in a social environment, to arrange a celebration on behalf of someone, or it could even have been when you were at school or college. How did it feel to be part of the team? How did you all work together? What different skills did each of you contribute? Why were these different skills important?

AC 3.1 Explain why it is important to work in partnership with others

Your job role in adult social care will involve working alongside a wide range of different people and organisations that have different roles and responsibilities. This may include the individuals you provide care or support to, their families, friends, advocates or others who are important to them, your colleagues, other team members such as your manager and professionals from other organisations, such as social workers, mental health nurses, dieticians, dementia care nurses, GPs.

Working in partnership with others is more than just working alongside them. It involves becoming 'a team'. This can only happen when you are all committed to:

- sharing a common set of values – to support individuals' independence, to safeguard individuals from harm, to respect individuals' unique differences
- agreeing goals – to enable positive outcomes for individuals (which may be agreed over both short and long periods of time)
- communicating effectively – communications must be open and honest, timely and regular both with individuals and others, including both verbal and written communications. (You may find it useful to refer to [Unit 303](#) Promote communication in care settings and [Unit 304](#) Promote effective handling of information in care settings.)

Working in partnership brings many benefits for you, the individuals who require care, as well as others both inside and outside the organisation. Most importantly in a setting, working effectively as a team and in partnership means that you all have the shared goal of providing the best support possible for individuals.

Evidence opportunity

3.1 The importance of working in partnership

Think about three case studies when you were required to work in partnership with a range of professionals. Develop a PowerPoint presentation that outlines who you worked with, what organisations they were from, how good this partnership working was and why partnership working was important. Ensure your reasons are specific to the people and

organisations you identified.

Working in partnership and working effectively together can have the following benefits.

- You all improve and develop your understanding of different ways of working, share knowledge and best practice. For example, a colleague may show you a more effective way of communicating with an individual who has hearing loss.
- A stronger team creates a better working environment where you all feel supported. For example (similar to what we mentioned above), working in partnership with others involves sharing skills, knowledge and getting to know each other. This enables team members to learn from each other and share good ideas.
- Understanding one another's roles and responsibilities will avoid duplicating one another's work so that staff make better use of their time. You may also share resources, such as meeting venues, which can reduce costs and encourages everyone to meet together.
- You all work together to provide person-centred care. Individuals receive care that is co-ordinated and meets all of their individual needs (they will receive better services).

AC 3.2 Demonstrate ways of working that can help improve partnership working

As you will have learned there are many benefits to partnership working and so it is important that you are able to recognise this and show you are able to demonstrate different approaches and methods that can help improve partnership working. For this assessment criterion you will be observed as part of your assessment.

Below are some useful tips to help you do this.

- 1 Be clear about your own roles and responsibilities** and show your understanding of the role and responsibilities of all those who you work in partnership with. This encourages mutual trust and respect because it involves recognising and encouraging your own and others' contributions.
- 2 Communicate well** and consistently by being honest, listening actively, showing a genuine interest. This also means making sure that the different 'partners' are kept informed of any information that they should know. This is essential for learning from one another, sharing ideas and working practices and ensuring your relationships are open and honest. You may find it useful to refer to [Unit 303](#) Promote communication in care settings.
- 3 Work to shared goals and objectives** so that everyone is working together to support individuals to achieve their goals. Working to shared goals and objectives also means that everyone will be working as one team consistently to provide good-quality care.
- 4 Involve others in planning, discussions and decision making** so that partners feel included and everyone can come to an agreement about the best course of action together. This also means that you can draw on everyone's expertise and that the different areas of expertise inform the decision. For example, you may need to make decisions about an individual's medication with the help of your manager, the individual's GP and their family.
- 5 Be a role model** to others by being professional and trustworthy, by using positive language and showing positive behaviours, such as open communication, being punctual and polite. This is essential for others respecting you and looking to you to lead by example.
- 6 Be supportive** by showing you have a genuine interest in individuals' well-being and showing that you recognise and value others' contributions, values and beliefs which may be different to your own. Value the people you work with, what they bring to the team, draw on their knowledge and expertise,

show that you value them in team meetings, or even during one-to-one meetings.

- 7 Show your passion, commitment and enjoyment of working together** with other people to achieve positive outcomes for individuals. This is essential for enabling everyone involved to feel comfortable and motivated to work with you.
- 8 Agree to work together as one team.** This is essential for achieving agreed goals and involves you obtaining and providing information about the progress of the goals, whether there have been any difficulties in achieving them, and what needs to be done to resolve these difficulties. This involves sharing good practices as well as learning together from mistakes made.

Evidence opportunity

3.2 Demonstrate ways of working that can help improve partnership working

Demonstrate to your assessor a situation that involves you working in partnership with others in the care setting where you work. For example, this may be working with a colleague when moving and positioning an individual, or meeting with an individual and their family to discuss the care the individual is receiving from you. Alternatively, it might be carrying out a group activity working alongside your colleagues and other professionals such as music therapists or drama teachers.



Figure 2.5 How do you work in partnership with others?

AC 3.3 Identify skills and approaches needed for resolving conflicts

Working in partnership in care settings with different people and organisations can at times be challenging. Although everyone is working towards agreed goals, disagreements may result over how to achieve these goals due to people's different ideas about how to deal with situations.

If conflicts are not managed effectively then this can be very damaging to how the team works together, communication can break down causing resentment and people may stop sharing information, which in turn may lead to the care and support not meeting individuals' needs.



Research it

3.3 Conflicts

Carry out some research in the care setting where you work. Speak with your colleagues about some of the conflicts that have arisen in the team and how these have been resolved. Find out what happened for two of these conflicts. Why did they arise? Who was involved? How did they make everyone feel? Discuss your findings with your manager. Reflect on how you felt doing this activity. Did you feel uncomfortable or awkward about asking these questions? Why might you feel awkward?



Reflect on it

3.3 Consequences of not resolving conflicts

Reflect on the two conflicts you researched earlier that arose and were resolved in the care setting where you work. Reflect on the consequences should these not have been resolved. Why would these have impacted negatively on the team and the care and support provided to individuals?

Therefore, it is important that you are aware of the main skills and approaches needed for resolving conflicts that may arise in your care setting. The main skill that you need to resolve conflicts is good communication. If someone disagrees

with you, or if you disagree with them, the best way to resolve the issue is to have an open and honest discussion where you can both talk over your differences in a calm way.

You should openly state what the issue, conflict or disagreement is. Each of you should listen to what the other person (or people) have to say and put forward your thoughts and opinions. You may need to involve others who have more experience in the area that is the cause of the dispute.

You can then try to find a way to resolve the conflict. This should not be an argument or a debate. It should be a discussion where the best interests of the individual, the setting or best practice are at the heart of the matter.

[Table 2.3](#) includes some examples of the main skills and approaches that you can use when you discuss and try to resolve conflicts.



Key terms

Empathy is the ability to understand how someone else may be feeling, or understand another person's way of thinking.

Negotiation means reaching an agreement through discussion.

Evidence opportunity

3.3 Skills and approaches needed for resolving conflicts

Think of a time when conflict arose in the care setting where you work. Write down the skills that would need to be shown, and the working approaches that could be taken, in order to resolve this conflict.

Table 2.3 Skills and approaches needed for resolving conflicts

Skills required for resolving conflicts	Approaches required for resolving conflicts
Empathy: Show that you are able to put yourself in someone else's shoes. This can help you gain a better understanding of others' views and feelings and it also encourages mutual respect as the other person knows that you are taking their view into account. Assertiveness: Show that you are confident and able to make clear your views and the reasons why. This will inspire confidence, as it will show that you are capable of making reasoned judgements and know what you are talking about. This also encourages mutual trust. Honesty: Be honest when sharing information and communicating with others. This will show that you have a genuine interest in individuals' well-being and promoting positive outcomes. This also encourages others to approach you and encourages open communications. Enthusiasm: Show your willingness to work in partnership with others. This can help with team building and will show that you genuinely care about working with them and not simply because it is part of your job. Negotiation: Show your ability to communicate with others to reach a mutual agreement or compromise. This can help with putting ideas for improvement into practice. This also encourages mutual trust, respect and open communications.	Use effective communication: For example, it is important to show that you are genuinely interested in what others are saying; you can do this by using positive body language such as nodding, smiling and maintaining eye contact, by actively listening and trying to understand others' views. This also encourages a willingness to work together. Be positive: It is important to show that you are being constructive and taking into account others' views and beliefs. You can do this by acknowledging what others are saying by repeating their views back (to show that you have understood) and by using respectful language. This encourages mutual respect. Make the conflict the difficulty rather than the individual or a member of the team. Focus on the conflict rather than on a person. This avoids making it personal and stops anyone feeling like they are to blame. (You can do this by not using negative language or making negative comments about specific individuals or members of the team.) This encourages positive teamwork as everyone knows that while you may disagree, you are still a team working together to resolve an issue.

AC 3.4 Access support and advice about partnership working and resolving conflicts

Your practices will be observed for this assessment criterion.

As partnership working and resolving conflicts involves working with many different people and organisations there may be times when you need to seek support or advice. This may be when:

- an individual's family wants you to disclose personal information about their relative that they do not have a need to know – this might mean that the individual's family is frustrated with you that you are not disclosing this information as they may feel they have a right to know as they are related to the individual and you are not
- you have been asked to complete a work activity that you do not feel competent to carry out – this means that you may feel anxious that if you don't carry it out this may result in your employer thinking that you are not skilled enough for the job role you have been employed to carry out – but on the other hand you know that you also have a duty of care
- you have been asked to support an individual with an aspect of their care that is not agreed as part of the individual's care plan – this may cause tensions between you and the individual – at the same time you know that you have to work within the agreed scope of your job role.

Being able to recognise the different types of situation and when you must ask for support and advice is just as important as knowing how to do so. There will be procedures in the care setting where you work for how to do this and you must ensure that you comply with these agreed ways of working when seeking support and advice about partnership working and resolving conflicts. If you have tried to resolve the issues with the people concerned or feel unable to approach those involved directly then there are other options available to you.

Sources of support and advice available within your work setting can include an experienced colleague who you trust, your manager or someone else in a senior position. These colleagues, due to their experience may have come across a similar difficulty or conflict before and will also have the skills and expertise to be able to assess the best ways to resolve the situation quickly and satisfactorily.

It is important not to delay seeking support and advice because doing so may lead to these difficulties becoming worse, tensions increasing and the quality of care and support provided to individuals being affected negatively.

If you are unable to access the support you need or are dissatisfied with the advice offered by your manager then you must contact the next level of management within the care setting where you work. For example, this may be a more senior manager or the owner.

If you are still dissatisfied with the response you receive from senior management, then you may need to seek advice from independent external sources. Sources of support fall into two categories: those relevant to the care being given to an individual, and those that relate to employment issues. CQC is the regulatory body for care and would be able to assist with care-related issues; the Advisory, Conciliation and Arbitration Service ([ACAS](#)) would be able to assist with employment-related issues.

The reflective exemplar that follows will help to draw your attention to the importance of always taking action when there are difficulties with partnership working or resolving conflicts.



Key terms

ACAS is an independent organisation that provides impartial and confidential advice to employees for resolving difficulties and conflicts at work.



Research it

3.4 Policies and procedures in your setting

Research the procedures that are in place in the care setting where you work for seeking support and advice about partnership working and resolving conflicts. Develop a poster with your main findings.



Figure 2.6 What support does your manager provide for resolving conflicts?

Reflective exemplar	
Introduction	I work as a Lead Personal Assistant to Gemma, a young lady who has cerebral palsy and episodes of depression. My duties involve supporting Gemma with personal care tasks such as showering, dressing, eating and drinking.
What happened?	Yesterday morning I arrived as usual to support Gemma with her personal hygiene and saw that she was smoking cannabis in bed. I asked Gemma what she thought she was doing smoking cannabis, an illegal drug, and she told me that she had been doing this for a while as it helped her physical body spasms and reduced the pain she was in. I explained to Gemma politely that I didn't think this was appropriate as it wasn't good for her health and well-being. Gemma told me that it was her home and she could do what she liked and that as she employed me as her personal assistant I would have to continue with assisting her with her personal hygiene routine. I explained to Gemma politely that I didn't agree and left immediately without telling anyone so as not to cause any more conflict.

Reflective exemplar	
	The next day I found out from the office that after I had left Gemma, she telephoned her advocate and her parents to tell them that she was very unhappy with me as her personal assistant because I did not treat her as an adult and did not respect her beliefs. I was also informed that Gemma had requested a different personal assistant.
What worked well?	I was polite and I communicated calmly with Gemma in this difficult situation.
What did not go as well?	I should not have left without telling anyone. I should have sought advice straight away and communicated that I was doing so to Gemma. Also, I should have explained clearly to Gemma my duty of care towards her and showed more compassion in understanding her situation, i.e. that she was in pain. Perhaps I could have suggested alternative remedies that are available to help Gemma.
What could I do to improve?	I think I will need to familiarise myself again with the procedures to follow if I experience this type of situation again. In addition, I plan to discuss this situation with my line manager and request some further training in how I can be more confident and assertive when dealing with conflicts at work.
Links to unit assessment criteria	ACs: 3.2, 3.3, 3.4

Evidence opportunity

3.4 Accessing support and advice about partnership working and resolving conflicts

Write a reflective account of how you would seek support and advice in relation to a conflict or a difficulty with partnership working at work. Ensure that you are able to show how you identified the most appropriate source of support and advice, what you reported and recorded, the reasons why as well as a positive outcome.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor, who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested methods to show your knowledge/skills
LO1 Understand working relationships in care settings	
1.1 Research it (page 52)	Write notes to detail your findings.
1.1 Reflect on it (page 53)	Write a short reflective account.
1.1 Evidence opportunity (page 57) 1.1, 2.1, 2.3 Case study (page 56)	Answer the questions in the activity and provide a written account. Or you could write a personal statement that explains the main differences between a working relationship and a personal relationship. Remember to include examples of both in your personal statement. Discuss with your manager the boundaries that are established in working relationships and how these differ to personal relationships. They can provide a witness testimony. You will find the Case study useful when thinking about boundaries at work.

Suggestions for using the activities

1.2 Evidence opportunity (page 60)	Develop an information handout as instructed in the activity. Or you could develop a presentation that describes different working relationships in care settings. For example, you could begin by thinking about your care setting and detail the different working relationships that exist and the reasons why. You could also discuss with your manager how the working relationships you have in the care setting where you work are different to those your manager has. Find out what each working relationship involves. Your manager will be able to provide a witness testimony.
LO2 Be able to work in ways that are agreed with the employer	
2.1 Research it (page 61)	Provide a written account addressing the points in the activity.
2.1 Evidence opportunity (page 63) 1.1, 2.1, 2.3 Case study (page 56)	Describe the points mentioned in the activity to your assessor. You could also write a personal statement or prepare a presentation that details the reasons why it is important for you to adhere to the agreed scope of your job role. You could include in your statement the consequences of not doing so. The Case study is a useful source of information.
2.2 Reflect on it (page 64)	Write a short reflective account.
2.2 Evidence opportunity (page 65)	Complete the activity and produce a poster. You must make arrangements for your work practices to be observed so that you can show how you access full and up-to-date details of agreed ways of working in the care setting where you work. You could also collect a witness testimony to support your observation.
2.3 Research it (page 66)	Provide a written account addressing the points in the activity.
2.3 Evidence opportunity (page 66) 1.1, 2.1, 2.3 Case study (page 56)	You must make arrangements for your work practices to be observed so that you can show how you work in line with agreed ways of working in your care setting. Arrange for your assessor to observe you while you carry out two activities, as instructed in the activity. You could also collect a witness testimony to support your observation. The Case study is a useful source of information.
2.4 Reflect on it (page 69)	Provide a short reflective account.
2.4 Research it (page 69)	Produce an information handout as instructed in the activity, or provide a written account.
2.4 Evidence opportunity (page 69) 2.4 Case study (page 69)	You must make arrangements for your work practices to be observed so that you can show how you contribute to quality assurance processes to promote positive experiences for individuals receiving care. Demonstrate to your assessor how quality assurance ensures the care an individual receives is of the highest quality. Demonstrate how you have put this into practice as outlined in the activity. You could also collect a witness testimony to support your observation. The Case study is a useful source of information.
LO3 Be able to work in partnership with others	
3.1 Evidence opportunity (page 70)	Develop a PowerPoint presentation as instructed in the activity. Or you could write a personal statement about the reasons why it is important to work in partnership with others in the care setting where you work. You could also discuss the importance of working in partnership with others and the consequences of not doing so with a colleague, which will inform your understanding.

Suggestions for using the activities

3.2 Evidence opportunity (page 71)	Demonstrate to your assessor a situation that involves you working with others as instructed in the activity.
3.2, 3.3, 3.4 Reflective exemplar (page 74)	You must make arrangements for your work practices to be observed so that you can demonstrate different ways of working that can help improve partnership working. The reflective exemplar will help you with how to show best practice. You could also collect a witness testimony to support the observation of your work practices.
3.3 Research it (page 72)	Provide a written account to answer the points in the activity.
3.3 Reflect on it (page 72)	Provide a reflective account addressing the points in the activity.
3.3 Evidence opportunity (page 72)	Provide a written account answering the points in the activity.
3.2, 3.3, 3.4 Reflective exemplar (page 74)	You must make arrangements for your work practices to be observed so that you can demonstrate different skills and approaches that you use to resolve conflicts. The reflective exemplar will help you to think about different skills and approaches you can use. You could also collect a witness testimony to support the observation of your work practices.
3.4 Research it (page 74)	Develop a poster with your findings.
3.4 Evidence opportunity (page 75)	You could provide a written account as suggested in the activity.
3.2, 3.3, 3.4 Reflective exemplar (page 74)	You must make arrangements for your work practices to be observed so that you can show how you access support and advice about partnership working and resolving conflicts. The reflective exemplar will help you to think about different skills and approaches that you can use. You could also collect a witness testimony to support the observation of your work practices.

Legislation	
Act/Regulation	Key points
Civil Partnership Act 2004	You can get married or form a civil partnership in the UK if you are: 16 or over, free to marry or form a civil partnership (i.e. single, divorced or widowed), not closely related. Only same-sex couples can form a civil partnership. You need permission from your parents or guardians if you are under 18 in England, Wales and Northern Ireland.
Data Protection Act 1998	Employers must ensure the secure handling of all information and data. Adult care settings therefore have policies, procedures and agreed ways of working in place to ensure that individuals' personal information is kept secure and handled lawfully when recorded, used, stored and shared.
General Data Protection Regulation (GDPR) 2018	In May 2018, the General Data Protection Regulation (GDPR) came into force. It provides detailed guidance to organisations on how to govern and manage people's personal information and this will need to be included in the care setting's policies, procedures, guidelines and agreed ways of working.

Further reading and research

Books

Davies, C., Finlay, C., and Bullman, A. (2000) *Changing Practice in Health and Social Care*, Sage Publications

Ferreiro Peteiro, M. (2014) *Level 2 Health & Social Care Diploma Evidence Guide*, Hodder Education

Hawkins, R. and Ashurst, A. (2006) *How to be a Great Care Assistant*, Hawker Publications

Knapman, J. and Morrison, T. (1998) *Making the Most of Supervision in Health and Social Care*, Pavilion Publishers

Weblinks

www.acas.org.uk Advisory, Conciliation and Arbitration Service (ACAS) – providing workers with impartial and independent advice for work issues

www.cqc.org.uk Care Quality Commission (CQC) – information about the standards expected from care settings and workers providing care and support to individuals

www.skillsforcare.org.uk Skills for Care – information about the knowledge, skills and behaviours expected from adult care workers

301 Promote personal development in care settings



About this unit

Credit value: 3

Guided learning hours: 10

Promoting personal development is not just about developing your own knowledge, skills and practice at work; it involves being a role model for others and showing them why it is important and how it can lead to improved ways of working.

In this unit, you will have an opportunity to explore the duties and responsibilities of your role, the standards that form the basis of your work role and how as a Lead Adult Care Worker or Lead Personal Assistant you can work effectively with others. Being able to reflect on your practice is an essential part of your role and in this unit you will be able to find out how being an effective reflector can improve the quality of the service you and others provide and ensure that your values, beliefs and experiences do not impact on your work negatively.

Of course, you are not expected to evaluate your work performance on your own so you will learn more about how to use feedback from others, as well as relevant standards to inform the effectiveness of your work practices. Recording your personal development is important and this unit will explore the sources of support available to you, how to work with others to review and prioritise your learning and development and how to agree a personal development plan (PDP) including evaluating learning activities, exploring how reflective practice has led to improved ways of working, understanding why continuing professional development (CPD) is important, and recording the progress you're making.

Learning outcomes

By the end of this unit you will:

LO1: Understand what is required for competence in your work role

LO2: Be able to reflect on practice

LO3: Be able to evaluate own performance

LO4: Be able to agree a personal development plan

LO5: Be able to use learning opportunities and reflective practice to contribute to personal development

LO1 Understand what is required for competence in your work role

AC 1.1 Describe the duties and responsibilities of your work role

Getting started

All work roles in health and social care have specific duties and responsibilities. If you read through your **job description** or profile you will see that it describes the specific tasks (i.e. your work duties) that you are required to complete as part of your job role as well as how you must carry these tasks out (i.e. your work responsibilities). What are the main duties and responsibilities outlined here?

As you enter the adult care profession (or a new role within it) you will be informed of the duties and responsibilities that you will be required to do in your role. All roles in a care setting, including the one you are in, will have a set of knowledge, skills and behaviours that are required and expected from workers. These are essential for:

- ensuring that high quality care and support is provided to individuals by encouraging all Lead Adult Care Workers and Lead Personal Assistants to work in consistent ways
- making clear what is expected from Lead Adult Care Workers and Lead Personal Assistants by ensuring they understand what their day-to-day work tasks involve
- ensuring that all Lead Adult Care Workers and Lead Personal Assistants show the correct [attitudes](#), [values](#) and [behaviours](#) (such as dignity and respect) towards the individuals they care for.



Key terms

A **job description** is a document that describes the duties and responsibilities to be carried out as part of your job.

Attitudes are the ways you express what you think or believe through words or your behaviour.

Values are what you hold true and believe to be important to you, such as your independence, or your family.

Behaviours are the ways in which you act, including towards others.



Reflect on it

1.1 Your setting's values

Reflect on your work role and how it fits into the values of the profession more generally. How do the duties and responsibilities of your role relate to those that are expected in the profession more widely?

[Table 3.1](#) provides you with some additional information about the range of duties and responsibilities that are expected of different lead adult care work roles in the health and social care sector.

Table 3.1 Examples of duties and responsibilities in adult care roles

Lead work role	Examples of duties and responsibilities
Lead Personal Assistant (e.g. working with an individual with a sensory impairment living at home)	● Lead the day-to-day work of a small team of Personal Assistants ● Provide support and training to the team when required ● Support the individual to take part in activities of their choice ● Promote the individual's personal choices and rights ● Communicate effectively with the individual and their advocate over their care and support needs ● Administer medication to the individual safely ● Communicate effectively with the individual, their family and friends ● Maintain the health, safety and well-being of the individual and others at all times ● Maintain all information and recording systems relating to the work role ● Take responsibility for your own continuous professional development.

Lead work role	Examples of duties and responsibilities
Senior Support Worker (e.g. working with adults with mental health needs)	● Co-ordinate and support the day-to-day running of the service by assisting the Service Manager ● Supervise and manage the team of support workers ● Be a role model to new and less experienced support workers ● Provide training to the team of support workers ● Support staff by being their first point of contact for information and advice ● Safeguard individuals and promote their health and well-being ● Support individuals to manage all aspects of their daily lives ● Promote individuals' rights to life independently ● Communicate effectively, verbally and in writing with individuals, their families, and others involved in their lives ● Provide a safe and supportive environment for individuals and staff to work together.



6Cs

Competence

Applying the knowledge and skills you have gained in your role is central to providing high quality care and support. As mentioned above, you can show that you are competent in your role by effectively carrying out the duties and responsibilities that you are assigned. This includes being aware of and complying with the policies and procedures in your setting and ensuring you follow best practice to provide the best support you can for individuals and be an effective leader and role model to other members of staff in your team.

Constantly thinking how competent you are in your role and thinking of ways to improve it will also enable you to become a better Lead Adult Care Worker or Lead Personal Assistant as you will be continually trying to progress and achieve high standards of practice and care for individuals.

There are also other legal requirements that inform your duties and responsibilities, and these are explored in [AC 1.2](#).

How you carry out your responsibilities will depend largely on you, your personality, your approach to your work and your passion and interest in carrying out your job to the best of your ability. Your ability to carry out your

role well is referred to as **competence**. If you are competent then you show that you have the correct and expected knowledge, skills, attitudes, values and behaviours and can apply these when you are carrying out your job. If you are not competent then you will not be able to carry out your job role well or effectively and you will not therefore be able to provide high quality care and support. Also remember that there will be other care roles, such as Senior Care Workers, Outreach Development Workers, Care Supervisors, and Supervising Care Workers, and it would be useful for you to find out about the duties and responsibilities of all of these.



Figure 3.1 How do you support colleagues in your role? What leadership qualities do you have?

Evidence opportunity

1.1 Your duties and responsibilities

Discuss with two colleagues, one new and one experienced, the duties and responsibilities that you are expected to follow in your work role. Describe what these include and how they are different to those of your colleagues. You could also discuss with them what specific skills and knowledge you think are necessary to carry out your duties and responsibilities effectively. Provide a written account detailing your description and discussion.

AC 1.2 Explain expectations about your work role as expressed in relevant standards

What standards are in place for Lead Adult Care Workers and Lead Personal Assistants?

The way you carry out your duties and responsibilities in the care setting where you work is guided by a set of **standards** that establish the knowledge, skills and values that will help you carry out your duties and responsibilities to a high standard. Below are some examples of the different sets of standards that are in place for those who work in the health and social care sector. It is important to get to know these so that you understand the types of things that you need to do in order to follow best practice and provide high quality care, as well as support others to do the same.

Codes of practice

- Codes of practice are agreed ways of working for professions such as Lead Adult Care Workers and Lead Personal Assistants and other organisations that provide services such as care and support. Codes of practice reflect best practice and although they are not a legal requirement, it is recommended that they are followed.
- They are not meant to replace an organisation's or employer's policies and procedures but rather to be used alongside them, such as those in relation to data protection, safeguarding, health and safety.
- Codes of practice set out the care standards expected of Lead Adult Care Workers and Lead Personal Assistants as well as the standards that should be maintained to deliver high quality care and support. [Figure 3.2](#) is an example of a Code of Practice for a Lead Personal Assistant.



Reflect on it

1.2 Standards expected of you

Reflect on the standards expected from Lead Personal Assistants as set out in the Code of Practice in [Figure 3.2](#). How do these compare to the standards expected from you as a Lead Adult Care Worker? What underlying values and principles are being promoted? Why are these important?

Code of Practice – Lead Personal Assistant

Protect the rights and promote the interests of individuals and their carers

- Treat each person as an individual
- Treat each person fairly
- Respect the rights of the individual, for example to dignity, privacy, choice
- Promote the views, wishes and preferences of the individual

Establish and maintain the trust and confidence of individuals and their carers

- Be open, honest and fair
- Be trustworthy
- Be reliable and honour work commitments agreed to
- Communicate in a clear and open way

Promote the independence of individuals while protecting them as far as possible from danger or harm

- Promote the independence of individuals and support them to understand their rights
- Report all abusive and discriminatory behaviour as well as unsafe practices
- Follow safe working practices and support others to do the same
- Support individuals with positive risk taking
- Do not place at risk the health, safety and well-being of yourself, individuals, their carers and others

Working practices and accountability for the quality of work

- Ensure that you only carry out tasks that you are competent to do and can carry out safely
- Treat individuals, their carers and others you support and work alongside with respect
- Respect the individual's home and possessions
- Do not smoke when in the individual's home
- Do not harm, abuse, neglect or exploit individuals, their carers or others you work with
- Maintain and respect the privacy and confidentiality of the individual and their carers at all times

Figure 3.2 Example of a Code of Practice

In 2013, Skills for Care and Skills for Health developed a Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. It established the standards of conduct, behaviours and attitudes that can be expected from all care workers and support workers, including lead practitioners. For example, it states that healthcare support workers and adult social care workers must:

- be accountable by making sure they can answer for their actions or omissions (oversights), for example by being honest about when things have not gone well, and mistakes have been made

- promote and uphold the privacy, dignity, rights, health and **well-being** of the individuals who use health and care services and their carers at all times, for example by supporting individuals' and carers' rights when meeting with them
- work together with their colleagues to ensure the provision and delivery of high quality, safe and **compassionate healthcare, care and support**, for example by showing your kindness and respect when supporting individuals' preferences
- communicate in an open and effective way to promote the health, safety and well-being of the individuals who use health and care services and their carers, for example by involving individuals and their carers when planning their care and support.

Source: *Skills for Care and Skills for Health (2013) 'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England'*

Regulations

Rules and regulations that are set in law influence the way that Lead Adult Care Workers and Lead Personal Assistants can carry out different tasks in the care setting where they work. The Care Quality Commission (CQC) is the independent **regulator** of health and adult social care provision in England.

The CQC checks that the care and support services provided are safe, effective, caring, responsive to people's needs and well-led and documents its findings in a report that is made available for the public to see and read. The CQC was established under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and includes a set of regulations that influence the day-to-day practice of all care workers including Lead Adult Care Workers and Lead Personal Assistants.

[Table 3.2](#) provides additional information about a couple of relevant regulations that influence the expectations of adult care work roles. You will learn more about these regulations and how they influence the work practices of Lead Adult Care Workers and Lead Personal Assistants in [Unit 302](#) Promote health, safety and well-being in care settings.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is also a very important piece of legislation to keep in mind and you should look into the various regulations for this. For example, Regulation 9: Person-centred care says that providers of care must work with the individual and support them to understand and make informed choices and decisions about their care and support. Providers must also ensure that they take into account the individual's

capacity and ability to consent.



Key terms

Standards may include codes of conduct and practice, regulations, minimum standards, National Occupational Standards.

Well-being refers to how an individual feels within themselves, both physically and emotionally such as whether they feel healthy, comfortable, happy.

Compassionate care and support refers to providing care and support with consideration and kindness and while supporting individuals' rights such as privacy, dignity and respect.

Regulator is a term used to describe an independent body such as the CQC that inspects, monitors and rates adult social care services in terms of their safety, effectiveness, care and management.

Equality refers to ensuring equal opportunities are provided to everyone irrespective of their differences such as ages, abilities, backgrounds, religions.

Diversity refers to recognising, respecting and valuing people's individual differences.

Inclusion refers to involving people in, for example, their care or the services they use so that they are treated fairly and not excluded.

Continuing professional development (CPD) refers to the process of identifying, documenting and monitoring the knowledge, skills and experience that you learn and apply at work.

Table 3.2 Regulations and how they influence expectations about adult care work roles

Regulation	How it influences expectations about adult care work roles
The Control of Substances Hazardous to Health Regulations 2002	Lead workers must ensure the safety of their own and others' work practices in relation to handling substances such as cleaning substances that may be dangerous to their health. For example, they require Lead Adult Care Workers to monitor that others wear protective equipment such as aprons and gloves when using cleaning substances, and lead by example by ensuring cleaning substances are locked away securely after use to prevent them being used by individuals who may not understand how to use them safely.
The Management of Health and Safety at Work Regulations 1999	Lead Workers must lead by example and ensure, for example, that they take reasonable care of their own health and safety and that of others such as individuals, visitors and report any health and safety concerns they have.

Minimum standards

The minimum standards refer to the knowledge and skills that are required by all those who work in the health and social care sector to be able to carry out their tasks to a standard beyond which the provision of care must never fall. As regulator for the sector, the CQC sets the minimum standards that all those who access adult care services can expect and beyond which the level of care provided must never fall.

Note that not all services are regulated by the CQC, for instance friends of the individual's family or one of their neighbours might provide informal care to an individual. However, the CQC requirements are still good practice in such cases and should be followed.

There is also a set of national minimum standards (different to the ones mentioned above) in place for those who work in the health and social care sector; these are referred to as the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England. These standards are published by Skills for Care and Skills for Health and they define the minimum standards that adult care workers such as Personal Assistants, Care Assistants or Support Workers should know, irrespective of their individual work role. They cover the following areas:



Figure 3.3 CQC's fundamental standards



Research it

1.2 CQC's fundamental standards

Research three of the CQC's fundamental standards; you will find the information contained within the regulation table ([Table 3.2](#)) useful as well as the CQC's website that contains more information about the fundamental standards.

For each standard consider the following:

- How do you meet the standard in your day-to-day work activities?
- Why is this standard relevant to your job role?
- How do you support others to meet the standard in their day-to-day work activities?
- Why is this important?

Discuss your findings with your employer.

- 1 The roles of the Healthcare Support Worker and Adult Social Care Worker
- 2 Your personal development
- 3 Effective communication
- 4 **Equality, diversity and inclusion** (see page 83 for definitions)
- 5 Duty of care
- 6 Safeguarding
- 7 Person-centred care and support
- 8 Health and safety
- 9 Handling information
- 10 Infection prevention and control.

For more information the standards are available from here:

www.skillsforcare.org.uk/document-library/standards/national-minimum-training-standard-and-code/nationalminimumtrainingstandards.pdf

It is important that you are aware of these minimum standards because in your job role as a Lead you may be supporting and monitoring the practices of adult care workers. For example, you may be supporting adult care workers with their personal development by helping them to identify their learning needs and development areas, or to work in ways that have been agreed by your employer and that reflect current and best practice, such as when providing support to an individual with an activity or communicating with an individual's family member in relation to an individual's care.

Knowing the minimum standards is also important because adult care workers may be reporting to you and seeking information and advice from you on a variety of different aspects of care and in relation to their job roles. For example, how to adapt the communication methods they use with an individual to ensure that they meet the individual's needs, or what to do if they suspect an individual is being harmed or abused. You may then decide that you need to continue to monitor the adult care worker's practice or recommend that they attend further training to ensure that they meet the minimum standards while carrying out their day-to-day work activities.

It will also be important to know about these minimum standards if, as part of your job role, you also carry out **formal supervision** with adult care workers or complete their **induction** programmes with them so that you can accurately assess their knowledge and competence in relation to these standards.



Key terms

Formal supervision means having regular meetings with your manager, senior or employer to discuss any issues relevant to your job role and receive feedback on what has been going well and what improvements you need to make.

Induction is the initial introduction to work and the organisation that new care workers receive.

Confidentiality refers to keeping individuals' personal information private and only disclosing it to those who need to know it.

National Occupational Standards

The Health and Social Care National Occupational Standards (NOS) are jointly owned by Skills for Care and Development and Skills for Health. They ensure that all those who work in the adult care sector provide safe, effective and high-quality care and support and that best practice is followed at all times.

The Health and Social Care National Occupational Standards describe:

- the required knowledge, skills and values for health and social care workers in the UK and best practice in different areas of work
- the basis of training and qualifications. For example, the Level 3 Diploma in Adult Care which you are studying is a qualification that is based on the National Occupational Standards and describes the knowledge and skills required of Lead Adult Care Workers and Lead Personal Assistants.
- the standards that every worker in every role in the health and adult social care sector must meet.

For example, the role of a Senior Care Assistant may include developing and reviewing care plans with individuals, leading and supporting other care assistants to comply with the organisation's policies and procedures as well as preventing unsafe practices in the setting, promoting fire safety and supporting others to do the same.

In your role as a Lead you may also be expected to manage your own professional development as well as contribute to the professional development of others. There is a NOS titled, 'Manage and develop yourself and your workforce within care services' that sets out the knowledge requirements and competence expected in relation to professional development. This includes:

- reflecting on your work practices and seeking feedback from others such as the individuals you work with and your colleagues, so that you can identify your strengths and areas for development
- keeping your knowledge and skills up to date, for example by reading, undertaking research, participating in training and supervision so that you can practise safely and effectively
- reviewing the work performance of those you supervise to ensure their compliance with relevant standards and codes of practice
- maintaining **confidentiality** (see page 85 for definition) when reviewing the work performance of others to ensure a positive and supportive work and learning environment
- knowing and understanding the legal and organisational requirements in relation to managing and developing yourself and others such as those on equality, diversity, discrimination, safeguarding, rights, confidentiality and sharing of information
- knowing and understanding the organisational requirements for recording and reporting in relation to your own and others' development, for example by following the security requirements in place for accessing and storing paper-based and electronic records and reports, ensuring that records and reports are written using non-discriminatory language.

Source: *SCDLMCSA1 Manage and develop yourself and your workforce within care services, National Occupational Standards, Skills for Care and Development and Skills for Health*



Research it

1.2 Care Certificate

This is a set of 15 standards commonly used alongside the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers.

It established the standards that health and social care workers are expected to follow in their day-to-day work to be able to provide high-quality care

and support.

Workers are introduced to these standards as soon as they begin work as part of the introduction to their role and the care setting where they work. It would be useful for you to research the Care Certificate's 15 standards.

Evidence opportunity

1.2 Expectations about your role as expressed in standards

Discuss with your assessor the standards that are relevant to your job role. For each one explain how it relates to what is expected of you in your current job role by your employer, your colleagues and yourself. Include in your discussion why these expectations about your job role are important and how they impact on the quality of the care and support you provide and the views of others in relation to how you carry out your work role. Provide a written account.

AC 1.3 Describe how to work effectively with others

In addition to the standards and expectations that are in place for Lead Adult Care Workers and Lead Personal Assistants you will also be expected to know how to work effectively with others such as team members, other colleagues and those who use or commission their own health or social care services, i.e. the individuals you care for, and families, carers and advocates. As you will have learned, being a Lead involves working closely with others and doing so effectively means that you will be able to achieve the outcomes you and others want. For example, you and a colleague may want to improve the timeliness of the support provided to an individual with care needs and so it is essential that you both agree on what needs to be put in place to make this improvement. Of course, you will only be able to do this if you know what the individual's needs are and it is only by working effectively with the individual that you can get to know them and find out the information that you need to inform you and your colleague's plan of action. Working effectively with others involves many different abilities; some of these are listed below.

Communicate well

The way you communicate both verbally and non-verbally will influence how effective you are when working with others. For example, if you observe a team member using unsafe work practices when handling medication and you tell them that they have done so in a loud voice and while angrily waving your hands, this may make the team member feel intimidated and be less likely to want to work with you to improve their practices. If, however, you ask to speak to the team member in private and use a polite, assertive tone to explain the reasons why their practices are unsafe they will be more likely to listen to you and work with you to reflect on their work performance so that they can ensure that they practice in safe ways. This may also involve the team member accessing further development opportunities such as training in the safe handling of medicines.

The way you communicate in writing and when using special methods and adaptations is also important as these can also have an impact on you working effectively with others. For example, if you are a Lead Personal Assistant and are updating the care records for an individual who commissions their own health or social care services then it is important that you use accurate and complete information only and that your records are free from jargon and non-discriminatory language. Not doing so can mean that the individual no longer

wants you to work with them as they may feel devalued and/or disrespected by you.



6Cs

Communication

When working as a Lead in an adult care setting, you will need to ensure that you develop good communication skills as this is essential for developing working relationships, providing support to your colleagues and leading a team. In your lead role, you will need to ensure that you can communicate well with the individuals that you care for, their families or carers, your colleagues and others that you provide support to or guidance to. Your role and responsibilities will require you to communicate in various ways, both verbally and non-verbally. For example, one of your duties may be to assist an individual to lead their care review. A task such as this will require you to communicate well with the individual, to find out what their preferences are in relation to their care and support, what aspects they think are working well, what are not and what improvements need to be made. You will also need to be able to communicate effectively with the individual's family and other professionals that may also attend the individual's care review. This will require you to take into account their views and preferences while also maintaining the focus on the individual. (See [Unit 303](#) Promote communication in care settings for more information.)

Foster mutual trust and respect

Developing mutual trust and respect is essential for working effectively with others because doing so will mean that others such as other team members and your colleagues will be more likely to approach you for your advice and/or guidance. This could be over, for example, safe and effective working practices or in relation to how they can further develop their knowledge and/or skills in relation to preventing infections, disposing of waste safely or moving an individual in line with their plan of care.

Having mutual trust and respect in your relationships with others means that as a Lead you will be promoting the value of learning from each other's experiences, knowledge and skills. In addition, working relationships based on these values promote equality and diversity because all those involved are considered equal

partners and their views and contributions are therefore equally as important.



Research it

1.3 What does working effectively with others mean?

Carry out some research where you work. Find out from the following people what working effectively with others means to them: a team member, a colleague, an individual, an individual's representative such as their family, carer or advocate. Once you have collated their feedback, did any of their responses surprise you? Were there any similarities? Were there any differences? How did their responses compare to your views and ideas about what working effectively means to you?



Case study

1.3 Working with others

Matt is a Lead Personal Assistant and works within a small team delivering care and support to Justina who has [muscular dystrophy](#). Matt decides on his first day at work that he wants to introduce himself to the whole team but rather than meet with them, he decides that he will send them a brief email as he feels this is a more effective way of working. Matt also emails Justina's family and explains in his email that he has not yet had time to meet Justina as he is very busy but would do so very soon.

At the end of Matt's first day, one of the Personal Assistants in the team requests to meet with him to share her concerns over Justina's mobility, which she feels has deteriorated significantly over the last few weeks. Matt explains to the Personal Assistant that, although he accepts that she knows Justina and her needs, she is not a doctor and therefore not qualified to say that Justina's mobility has deteriorated. The Personal Assistant tries again to share her concerns with Matt as she feels he has misunderstood what these are but before she can finish what she is saying Matt tells her that he has to rush off to a meeting and to not worry about this anymore. On his way out, Matt asks the Personal Assistant whether she could do him a favour and tell Justina that he will find time to meet with her but he's not really sure when that will be.

Discuss:

- 1** Why do you think it is important for Matt to develop his skills in order to work effectively with others?
- 2** How do you work effectively with others?
- 3** Put together a brief presentation that you can use when supporting others in your team to do the same.

Be honest

Honesty is integral for working effectively with others. Without honesty it is difficult to develop good working relationships as there will be no trust between all those involved. This means that misunderstandings may arise and effective communication will not be possible as people will not be willing to share anything about themselves with others. For example, imagine how you would feel if you found out that someone close to you such as a good friend or a family member was not being honest with you over something. Perhaps you would feel angry. Or let down. Or that your relationship was a lie. Honesty is therefore essential for building mutual trust and respect.

Be supportive

Being supportive is another skill that you will be expected to demonstrate as a Lead. Without support, working with others effectively would be very difficult because unless everyone feels supported in their job roles they may not feel able to carry out their day-to-day work activities effectively. You can be supportive or show your support for others in many different ways. For example, you can provide another team member with reassurance if they are finding a work task difficult, such as supporting an individual to mobilise, or listen attentively to a colleague who is finding it difficult to balance their work and family commitments.

Evidence opportunity

1.3 How to work effectively with others

Read through Case study 1.3 and think about the knowledge and skills that the newly appointed Lead Personal Assistant, Matt, needs to develop to work effectively with others. What has reading the Case study taught you about working effectively with others? Remember, others may include team members, other colleagues, families, carers, advocates and those who use or commission their own health or social care services. Can you describe how

to work effectively with others? Provide a written account.



Key terms

Muscular dystrophy refers to a group of conditions that affect the muscles and results in the body's muscles weakening and breaking down over time.

Working effectively with others is part of good teamwork that involves working alongside others, respecting their differences, developing positive relationships, learning from one another and sharing knowledge, skills and experiences.

LO2 Be able to reflect on practice

AC 2.1 Explain the importance of reflective practice in continuously improving the quality of service provided

Getting started

Think about an occasion when you changed the way you practice at work because of an event that occurred. What happened? How did this impact on you, on others and on the service you provide? How did you decide what to change in terms of your practice? Did this have an impact? If so, what?

Reflective practice is another essential aspect to your work in terms of improving the quality of the service provided.



Research it

2.1 The different models of reflective practice

To help further your understanding about what reflective practice is, research the different models that can be used for reflective practice. There are many different models that can be used – for example, you may want to research: Gibbs, Johns, Kolb, Atkins and Murphy. Select two models that interest you and develop a leaflet for each one that explains what it is and why it is useful for understanding the different aspects involved in reflective practice.

What is reflection and what does it involve?

To reflect means to think. Being able to reflect is an important skill to have as part of your work role. It involves thinking honestly about your practice, both the positives and negatives, and not being afraid to question your practice. When you reflect, you:

- take a 'step back' from your day-to-day activities and spend time thinking about a work activity you have carried out or a situation you have experienced
- examine in detail why and how you carry out your work practices

- assess your knowledge, skills and behaviours including their impact on you, the individuals you provide care and support to and others
- identify your strengths and weaknesses
- identify areas of your work practice that can be improved
- develop different ways of working that can improve your working practice
- develop new areas of learning, such as different or new approaches to situations that may arise.

Another reflective tool is Driscoll's (2000) reflective cycle (developed from Terry Borton's (1970) stem questions: 'What?', 'So What?' and 'Now What?'). Driscoll's reflective cycle includes three stages when reflecting on your own work practice:

1 What? This is a description of the situation and its purpose is for you to reflect on specific aspects of that experience.

You can reflect on:

- What is the purpose of reflecting on the situation that happened?
- What happened?
- What did I see?
- What did I do?
- What didn't I do?
- What did others do?
- What was my reaction?

2 So what? This is the analysis of the situation you experienced and its purpose is for you to consider the learning that arises out of the reflection process you've undertaken.

You can reflect on:

- So what feelings did I experience during the situation?
- So what feelings did I experience after the situation?
- So what, if any, were the differences between my feelings during and after the situation?
- So what was the impact of what I did and/or didn't do?
- So what have I identified are my strengths in my practice?
- So what have I identified are my development areas in my practice?
- So what feelings did others experience during and after the situations?
- So what if any were the differences between others and my feelings during and after the situation?

3 Now what? This is the proposed actions to implement following your

learning and its purpose is for you to implement the learning you've gained into your practice.

You can reflect on:

- Now what are the implications for my practice if I implement the new learning?
- Now what are the implications for my practice if I do not implement the new learning?
- Now what are the implications for others?
- Now what have I learned about my practices?
- Now what information and support do I need to carry out these proposed actions?
- Now what would I do differently if a similar situation arises again?
- Now what can I do to ensure I continue to improve my practice?

The importance of reflective practice

Reflective practice does not just happen once a week or at the end of the month. It is a continuous process that you will use throughout your career and in the different roles you undertake. Reflective practice is important because:

- **You get to know yourself:** the personal qualities you have, the areas of knowledge, understanding, skills and behaviours you have and those you need to develop. Gaining a greater understanding of who you are will help you recognise how your practices influence others. This will also lead you to know more about the individuals you provide care and support to so you can ensure that you adapt your working practice to meet their unique needs and preferences.
- **You develop yourself:** by identifying opportunities to address the gaps there may be in your knowledge, skills and behaviours. For example, perhaps you have not been in a Lead job role for very long or perhaps you are experienced as a Lead but are working in a new service or with a new team. You may find that you need to access additional training from the setting where you work or guidance from another person in a similar job role to you or in a more senior position. Doing so will improve your competence and your work practice. You will be exploring other useful sources of information for reflective practice in [AC 2.2](#).
- **You develop best practice:** by finding out about the working practices and approaches that are not working, you and your colleagues will be able to develop new ways of working and approaches that will have a positive influence on the care and support that you provide to individuals. Keeping a

close check on these new ways of working will help you to identify best practices that you and your colleagues can apply in your day-to-day work activities. As a Lead, others you work alongside will expect you to lead by example so it is essential that your work practices as well as the information and support you provide to the team reflect current ways of working, that are in line with relevant standards as well as agreed ways of working.

Essentially, it is only by reflecting that you can continuously improve the quality of service provided because reflective practice involves you looking at a situation and deciding if you need to change your approach or actions, either during the situation, or the next time you are faced with a similar one.



Care

Caring consistently and enough to make a positive difference to individuals' lives is essential to your role. Reflection is a key part of caring for individuals. For example, an individual may have taken offence at something you said even though you did not mean any harm. However, you will make sure that next time you are careful not to mention the same topic, so you do not cause any hurt.

It is because you genuinely care and are concerned for their **well-being** that you reflect and think about how you can improve your practice next time. Caring for individuals is only one aspect of your role; it also involves providing support to others such as your colleagues or individuals' families and carers.

Reflection is good practice and it shows that you **care**. Just by doing this, you are showing that you are a professional and competent Lead Adult Care Worker or Lead Personal Assistant who is striving to increase in knowledge, develop their skills and provide best practice by continually finding ways to improve their practice. Reflecting will allow you to learn from what went well as well as what did not go so well. Not taking the time to reflect on your practice will mean that you and others may continue to work in the same ways, making the same mistakes and not being able to identify opportunities for learning and development.

As human beings, we often tend to focus on our mistakes, weaknesses and the

things that we did not do well, or the things that we could improve. However, it is important that you also think about the things that you did well. Focusing on your strengths will mean you can tell colleagues about what went well which will encourage good practice across the team. It is also a good way to remain positive and confident with the knowledge that, while things might not go perfectly all the time, other situations have gone well. It is also a reminder that you are a competent worker able to provide high quality care and support, and support others who you work with to do the same.



Reflect on it

2.1 Reflecting on ways to improve

Using one of the reflective models you researched (Research it 2.1, page [89](#)), reflect on aspects of your practice that could be improved. Discuss your findings with your manager or employer. Provide a short reflective account.



Research it

2.1 Research and improved practice

Why is it important to stay up to date and develop your work practice, ideas, skills and knowledge? Research recent news stories concerning adult care. Why is it important to be aware of the recent stories in the news concerning the adult care sector like the one below?

www.theguardian.com/society/2018/jun/03/data-confirms-postcode-lottery-care-for-the-old

Where else can you find out about developments in the adult care sector? For example, media reports, reviews about serious failings, conferences, internet, your [supervisor](#) (see page [102](#) for definition) and colleagues? Do you know about the various ways to research these? Do you know about primary and secondary research and quantitative and qualitative data? How can such research help you to improve your practice and the care you offer individuals?

Evidence opportunity

2.1 Importance of reflective practice in improving the quality of service

Produce a written account that explains why reflective practice is important. Include details about how reflective practice continuously improves the quality of the service provided. Write about the benefits of reflecting on your practice and how it can help develop your knowledge and skills further.

AC 2.2 Reflect on practice to improve the quality of the service provided

In [AC 2.1](#), we discussed what is involved in reflective practice and why it is important. You may wish to recap the learning in [AC 2.1](#) so you understand how to show that you can reflect meaningfully on your practice. Remember too that you will be observed doing so.

Showing that you can reflect on practice involves developing the following skills and qualities:

- **Self-awareness:** how your behaviours impact on individuals, others and your work practices
- **Honesty:** being honest with yourself about what has worked well (and what has not) and how to develop a more positive attitude
- **Commitment:** striving to improve the quality of your work practices.

There are two different methods that you can use for reflecting on your work practice:

- 1 Reflecting on a work activity after it has happened:** this is known as ‘reflection on action’. If you use this method to reflect you will need to be committed to learning from the experience and then taking the necessary actions for making improvements.
- 2 Reflecting on a work activity while it is happening:** this is known as ‘reflection in action’. If you use this method to reflect you will need to be able to ‘think on your feet’ and take the necessary actions for making improvements while it is happening. Taking actions quickly requires **courage**.



Reflect on it

2.2 How do you reflect?

What is your preferred method for reflecting on your work practice – after it has happened or while it is happening? Why? Have you ever tried using the other method? Why? What skills and qualities do you think are needed for each method?

By reflecting on your practice, you will be setting a good example to others who you work with and support because they will be led by you and learn that

reflective practice is an integral aspect of their work and an effective way of continuously improving the care and support you all provide.

You will also learn by working alongside your colleagues, attending meetings and having discussions where you exchange information with others. You can reflect on your practice by learning from your mistakes and successes and develop new ways of working.



6Cs

Commitment

In a care setting, this refers to your dedication to providing the highest quality of service. It means continuously reflecting on how you can improve your work practices in order to improve the experience of the people who need care and support and lead by example. You can do this by thinking about the various things we have discussed in this section.

Remember: during or following a work activity, you can think about the things that went well and the things that you can improve on. How will you improve your work practices? How can you ensure a safer environment? How will you communicate better? It is in this way that you can show that you are committed to being a reflective practitioner who is constantly striving to be the best they can be, who leads by example and encourages others who they support to also become reflective practitioners.

Courage

Courage refers to your dedication to doing the right thing at the right time so that the individuals in your care and support are kept safe. It takes courage to acknowledge that you did not do something so well, to take some criticism and know that you need to improve and learn.

There is nothing wrong with admitting that you could be better at something. After all, you have your interests and the best interests of the people you care for as well as those others you support and work alongside at heart. Improvements mean that you are progressing, that you are getting better at your job. Remember: do not just focus on all the things that did not go well. Also think positively – about all the things that you are doing well. This will help you continue to do the things you do well and become better at the things that you do not!

Evidence opportunity

2.2 Reflect on practice to improve service

Think about an area of your practice or a service you offer that does not work well and you would like to improve. How could you improve the quality of the service you provide? Perhaps have a discussion with the individual you provide care for, or with their family members or others such as their advocate to find out more from them. Make sure your assessor observes you reflecting. Or your manager could provide a witness testimony.

AC 2.3 Describe how own values, belief systems and experiences may affect working practice

What do we mean by values, beliefs and experiences and why is it important to be aware of them in your practice?

Your **values**, **belief systems** and **experiences** are unique to you and part of who you are, so they will inevitably influence your role as a Lead Adult Care Worker or Lead Personal Assistant, including what you do and how you do it. In a care setting, you will be working with a wide array of people from diverse backgrounds – some of whom will have similar values, attitudes and beliefs to you and some will have different ones. They may, for example, come from a different cultural or educational background to you, have conflicting political beliefs, and/or different attitudes towards a variety of things.



Key terms

Values are what you believe to be important to you. Values guide how you live your life and the decisions you make.

Belief systems are personal to you and what you regard to be true. They can sometimes be shared with others who belong to a similar group or culture. Beliefs can be political, religious, cultural or moral and are formed throughout your life.

Experiences are personal to you and may include a whole range of situations and events, some may have occurred when you were a child, others when you were an adult. Some may be positive, others may be negative, some may have happened at work, others in your personal life away from work.

Much of your role as a Lead involves working closely with the people to whom you provide care and support as well as with others and is based, as you know, on close interactions and working relationships. Because your values, beliefs and experiences make up so much of the person you are, they will inevitably play a role in the relationships that you have both outside and inside the setting and will influence your work. For example, you may tend to speak more with those individuals and their families with which you have things in common, and so

take a greater interest in their choices and preferences. This may lead to you spending less time with the individuals who have different values to you, and mean that you are less empathetic in your support to them because you are not seeing things from their point of view. You might not realise you are doing this, but it will show in your work. For example, you may find that you are more patient towards some people than others or that you tend to avoid interacting with some people.

It is for this reason that you will need to be aware of your own values, beliefs and experiences because they will impact on your role and the people you work with. Being aware of them will ensure that you consider whether your own thoughts and beliefs influence individuals and others positively or negatively. It is important to remember that you may not necessarily agree with the people you support or with an individual's decisions, but you should respect them and empathise so that you can fulfil your responsibility of providing high quality care, support and leadership. This is also part of providing person-centred practice which you will learn more about in [Unit 307](#) Promote person-centred approaches in care settings.

Being aware of your own values, beliefs and experiences also involves understanding what influences affect you, and how they are formed and developed during our lives from childhood to late adulthood.

How are your personal values, attitudes and beliefs formed?

Everyone is different and therefore holds their own unique personal values, attitudes and beliefs. These are formed and developed during our lives from childhood to late adulthood and can be influenced by:

- **The people in our lives:** such as family, friends and teachers. How the people close to you behave towards you will in turn influence how you behave towards others. If your family and friends show you care and kindness then you are likely to act in this way towards others. If your teachers provided you with a positive educational experience this is likely to influence your values and beliefs about the importance and benefits of a good education.
- **Religion:** such as Christianity, Hinduism, Islam, Sikhism, Buddhism or Judaism. These are some of the religions that are practised in the UK and have specific beliefs and practices associated with them. If you follow one of these religions and their associated practices then this will influence what you believe to be 'right' and 'wrong' (your moral values) as well as what you eat and drink and how you dress.
- **Life events:** such as starting school, starting employment, moving out of the

family home, marriage, divorce or death of a family member or friend. These events can all occur in our lives and impact significantly on the values, beliefs and attitudes we develop. How we survive these events will in turn influence whether we see them as positive or negative experiences and will be reflected in how we come across to others when we are supporting them through the same life events.

- **The media:** such as television, the internet, newspapers and music. What you see, read and hear about in your life can influence the values, beliefs and attitudes you form. For example, a television programme that explores what individuals value as they get older, which stresses the importance of contact with others and companionship, can in turn influence your relationships with older people by making you more aware of what is important to them. Information and stories that you read on the internet and in newspapers about best practice in the adult care sector can influence the practices you follow in the care setting where you work. Listening to music can enable you to experience its many benefits, for example relaxation and expression of how you think and feel. This may in turn lead you to supporting individuals to follow their music interests or providing music as a therapeutic activity.



Reflect on it

2.3 Similarities and differences

Reflect on the similarities and differences between your values, beliefs and experiences and those of others you work with. What influences do you think there are on how these are formed and developed?

How can you ensure that your personal values, attitudes and beliefs do not negatively affect your working practice?

As you have learned, we are all different and have unique backgrounds, experiences and influences in our lives that will in turn influence what we think and feel and how we behave towards others. You may know individuals and colleagues in the care setting where you work who share your values, attitudes and beliefs but there may also be individuals and colleagues you work with who do not. It is very important that differences (that may arise between individuals or colleagues) do not impact negatively on the quality of your work and working practice.

You can do this by:

- Being aware of how your personal values, attitudes and beliefs can affect the way you think, feel, interact and behave towards others. For example, you believe that families should care at home for their relatives as they get older. An older individual who has recently been admitted at the setting where you work has not yet been visited by any family members, all of whom live close by. It is important that you do not make judgements about this individual's family. Everyone is different and there may be many reasons why this individual is living in a care setting and why their family have not visited yet.
- Being aware of the personal values, attitudes and beliefs that individuals and others you work with hold. For example, you are aware that one of your colleagues practises Judaism and believes that there is a God and only one God, whereas another of your colleagues practises Islam and believes that Allah is the one and only God. You may practise a different religion and have different beliefs to both of them or you may not have a faith. Although your beliefs may be different, it is important that you respect others' beliefs and take the time to try and understand them so that you can take them into account when interacting with your colleagues. Not doing so may mean that you will not be able to develop effective team work and positive relationships with your colleagues which in turn may impact negatively on the quality of the service provided.
- Being respectful of the differences between your own, individuals and others' values, attitudes and beliefs and having a person-centred approach. This means that when working with individuals you do not let your own beliefs influence their choices and preferences, either directly through your words or indirectly through your body language. For example, you may believe that healthy eating and exercise is a good lifestyle choice, but an individual you support chooses to not eat healthily or exercise, smokes and drinks alcohol. If the individual understands the consequences of their lifestyle choices then it is their choice to live like this, so it is important that you do not influence them with your beliefs by insisting that they eat healthily, exercise and stop smoking and drinking. If you work alongside others who are from different backgrounds and cultures, it is important that all of you work to the values of the organisation, respect and take into account each other's differences and recognise the valuable contributions each of you makes to the care and support services that are provided to individuals and their families. Not doing so may mean that you do not work well together and therefore are unable to provide high quality care and support.

Evidence opportunity

2.3 Values, belief systems, experiences and working practice

Identify for yourself two values, two beliefs and two experiences. For each of these write down how they affect your working practice. How do you ensure that they do not have a negative impact on your working practice? Now seek feedback from someone at work who knows you well, or from your employer if appropriate. Show them what you have written down – do they agree? Reflect on their feedback. Do you need to make any improvements to your working practice? Provide a written account documenting the points mentioned here or describe in writing how an adult care worker's own values, belief systems and experiences may affect their working practice.

LO3 Be able to evaluate own performance

AC 3.1 Evaluate own knowledge, performance and understanding against relevant standards

Getting started

As you have learned, being a reflective practitioner involves taking a step back and thinking about how you carry out your duties and responsibilities in the care setting where you work, developing your self-awareness about what factors influence your work practice and understanding how to ensure that these factors do not impact negatively on the quality of service you provide.

Think about an occasion when you had to assess how well you were doing at work. How did you increase your insight or self-awareness? How did you feel about doing this?

To be an effective reflective practitioner and provide high quality care and support it is very important that you know how to evaluate your knowledge and practice. The ability to evaluate should not be underestimated; it is a valuable skill to have and involves being able to do the following. You will need to show that you are able to do this when being observed for this AC. This will include:

- **Gathering information:** for example, you may have to ask your colleagues about the areas of your practice that need improving or discuss with the individuals you provide a service to about their views on the aspects of the service that are working well and those that are not.
- **Analysing information collated:** you could then examine in detail the improvements to your practice suggested by your colleagues, or reflect on the details of the discussions you had with the individuals you provide a service to. This will involve you carefully analysing the information you asked for as well as the information you received.
- **Drawing conclusions and making judgements from your analysis:** you can use the analysis as the basis of what to conclude from your evaluation of your work practice such as your strengths and weaknesses, or how to further develop and improve through reflection.

- **Presenting information:** this may involve producing a written document that describes how you evaluated your work practice. It will involve you describing the methods you used to evaluate your practice and the reasons why. Your evaluation will also include your findings, the conclusions you reached and the recommendations from your evaluation for making improvements to your work practice.



Reflect on it

3.1 Skills of evaluation

Reflect on your ability to evaluate. What skills do you have already? What skills do you need to develop? How are you going to do this? What support do you need?

Your role as a Lead is guided by standards that are required and expected from you. These standards include codes of conduct, regulations, minimum standards and national occupational standards that set out the knowledge, understanding, skills, behaviours and competence required from you and all Lead Adult Care Workers and Lead Personal Assistants.

It is very important that you keep a close check on how well your knowledge, skills and behaviours match these standards and regularly evaluate that you are meeting these standards fully to ensure that you are:

- continuing to develop in your work role
- continuing to develop others in their work roles
- ensuring the well-being of the individuals you provide care and support to
- maintaining safe practices
- promoting best practice.

You can evaluate how well your knowledge, skills and understanding meet these standards by:

- **reflecting:** spending time thinking about the knowledge, skills and understanding that are expected from you, to what extent you meet the standards expected from you, what needs to happen to ensure you meet these standards fully, how you can make improvements to your knowledge, skills and understanding
- **evaluating:** spending time assessing how your values, beliefs and experiences impact on your work practices and working relationships in the care setting

where you work, whether you have been successful in ensuring that your values, beliefs and experiences do not impact on the quality of your work, the successful work activities you have carried out and how they have impacted on the quality of the service provided.

Other ways to increase your knowledge, skills and understanding to meet standards

As a Lead Adult Care Worker or Lead Personal Assistant, you should not only refer to the various standards we have discussed to ensure that your practice is informed by these, but you should also continuously evaluate your knowledge, skills and understanding to ensure that they are up to date and reflect any changes in standards and practice.

Your setting and colleagues are a useful source that you can use to ensure that you are keeping your practice up to date. For example, you could ask to observe or ‘shadow’ a senior colleague who is experienced or is able to demonstrate good practice to see how they perform in their role and learn from their expertise. This will allow you to increase your knowledge in areas that you may not be particularly confident. Do not be afraid to ask for these opportunities, or for advice and feedback on how you are doing. Colleagues and those senior to you want the best for their care workers, individuals and the setting, and a motivated and enthusiastic workforce that seeks such opportunities only helps the setting to maintain high standards by having people who are able and competent in their roles.

You will also need to make sure that you pay attention to what is happening around you and how health and social care issues are being reported in the media.

Training outside the setting is a good way to keep your skills up to date and to gain new ones. You can then share this knowledge with colleagues which will encourage good practice. Issues around social care are a regular topic of debate in government and there are often changes to legislation which will be documented in the news. Be on the lookout for TV documentaries focusing on issues in the health and social care sector. The news tends to cover some of the more negative issues in care homes but it is important to watch these reports as motivation to do your best to ensure good practice. You may also read care sector related stories in newspapers and magazines. All these activities will help you become a more informed Lead Adult Care Worker or Lead Personal Assistant with a good understanding of what is happening in the sector and what

is considered current best practice.

It is your duty as a care worker to keep up to date with best practice by researching textbooks, journals and the internet to learn about new theories, data and statistics and new thinking when it comes to the care sector. Again, not only will this positively impact the care you are able to offer, but it will also mean that you are a great source of information for colleagues. As part of your research you can also approach external agencies and charities that may have a better understanding than you do, of dementia for example.

You can ask for feedback from colleagues, individuals and families in order to evaluate how you are doing and ensure you continue to develop. This can be via a formal process, such as appraisals and meetings with colleagues, or questionnaires for individuals and families or it can be done informally in a conversation. You may find that you receive both compliments and criticism, but it is important you take both constructively and learn from both. See [AC 3.2](#) for more information on feedback.

Whichever way you choose to research, make sure that you always question the source of the information (where it has come from) to ensure it is reliable. In an age of social media and 24-hour news channels, we are often bombarded with information that can at times be overwhelming. Some sources of information are more fact-based, others are more opinion-based. It is therefore always important to ask yourself if the source is reliable, i.e. who is offering this information and why?



Figure 3.4 Are you keeping yourself up to date?



Research it

3.1 News reports

Find a health and social care news story you have recently heard about that interests you. How was the story reported – was it written as a news article, or reported on the news or on social media or on all three? Was the information you read or heard about this news story reported in different ways? What were the sources of the information? What were the purposes of the sources offering this information? Was the information reliable? You could discuss your thoughts with someone you work with. What were their views?

Evidence opportunity

3.1 Evaluate knowledge, performance and understanding against standards

Discuss with your employer how you think you are meeting the standards that are relevant to your job role. Evaluate three aspects of your work practice that require improvement. Provide a written account.

AC 3.2 Use feedback to evaluate own performance and inform development

To evaluate your performance at work effectively so that it leads to you making improvements to the service you provide to individuals and to the support you provide to your team you must be ready to receive feedback from others. At first, receiving feedback from others may seem like a daunting experience – you may be unsure about what others will say about you or how to respond to the feedback you receive. You can overcome this hurdle by focusing on the benefits of using feedback to help make you a more effective practitioner and role model to others. You will then begin to appreciate how important a role feedback plays in your continuous professional development and recognise how it can help you ensure that your strengths are reinforced and your weaknesses are converted into real improvements.

What is feedback in relation to your work performance?

Feedback, put simply, are the views of those with whom you work alongside in relation to your work performance, such as your employer, manager, team members, colleagues, the individuals you support and their families, friends and advocates. There are many different methods of collecting feedback, some use quantitative approaches and others use qualitative approaches. Do you know the difference between the two?

- **Quantitative approaches** produce numerical data or information and are useful when obtaining feedback from a large group of people. Questionnaires, group interviews and discussion groups are all examples of quantitative approaches; the questions asked and/or the topics discussed are usually agreed with the participants to ensure the questions and topics being asked are appropriate.
- **Qualitative approaches** produce opinion-based information and are useful when obtaining feedback about people's experiences. One-to-one interviews, observations of work practice and planned events that bring people together are all examples of qualitative approaches; these methods all provide opportunities for those involved to share their views and experiences.

Using feedback

Feedback from others is only useful if you know how to respond to it. There is no point in obtaining feedback from others if you do not use it or ignore it

because you disagree or find it overly critical. Remember, feedback is most helpful when it is constructive but even when it isn't, this does not necessarily mean that it is not useful or valid. If someone does give you feedback in an unhelpful way – angrily or sarcastically, for example – then you should clarify with the person what they meant. You can tell them that you can see that they're angry and want to try to understand why, so if they can tell you what they meant you will be able to understand their feedback and act upon it. It is only by doing this that you can make effective use of all types of feedback, both positive and negative.



Reflect on it

3.2 Dealing with feedback

Think about an occasion when someone gave you feedback that wasn't constructive. How did you feel? Why? What do you think made this person give you their feedback in this way? How did you respond at the time? Could you have responded differently?

To help you use feedback effectively you need to do some thinking before and after you obtain it:

Before, think about ...

- The reasons why you are seeking feedback. For example, is it to improve an area of your practice or did something go wrong at work? This will help you focus on the importance of using all feedback you receive.
- Who you want to obtain feedback from and the reasons why. For example, is it from your manager or employer because it is in relation to an aspect of your senior/Lead role? Or is it from an individual because it is relevant to the quality of the care they received? Or is it from a team member because it is about finding out whether the team has sufficient support in place? This will help you focus on why you have chosen to obtain feedback from specific people and what you feel they have to offer you in terms of informing your development.

After ... think about ...

- Who will be affected if you use the feedback you have obtained? Perhaps it may improve the care provided to individuals or the quality of the support you provide to those others you work with. You may also want to think about the

consequences of not using the feedback on, for example, the people who provided you with feedback (they may feel that you've not taken their views seriously); the service provided (the quality of the service may worsen); and you yourself (your performance will not improve and your development may stop). This will help you focus on the impact of using feedback you receive.

- The changes that have happened since you used the feedback. Have you seen an improvement? Perhaps others have told you that they've seen an improvement. You will also need to think about what you are going to do with this information. How and with whom will you share the improvements made? Your employer, at your next meeting; the individuals you care for, at an informal gathering such as a coffee morning; or perhaps you will inform the team members you support at the next team meeting you hold with them.

All feedback whether it is positive, negative, crucial, helpful, or unhelpful is useful and must be acted upon. This will improve your performance at work and help you to develop your skills, knowledge and understanding as well your ability to be a reflective practitioner. The reflective exemplar provides you with an opportunity to explore in more detail how you can use feedback to evaluate your work practices and inform your continuous development as a professional.

Reflective exemplar	
Introduction	I work as a Senior Carer in a residential care home and my role involves supervising the delivery of care to all individuals who use the service. I also lead on the implementation of all individuals' care and support documentation and provide leadership to all the care staff in all aspects of care through supervision and mentoring.
What happened	Yesterday, I held a team meeting and discussed with those present what they thought about the new location of the staff's office. Overall, the response was not positive and took me a little by surprise. Although everyone acknowledged that there was now more space in the office and that they liked the new furniture, its new location was too noisy as it was next door to the laundry room and sometimes the office was the only way to access the two residents' rooms at the end of the corridor. In addition, two team members added that the two residents who live at the end of the corridor are coming into the staff office more often than usual – they think this is because of the office's location because they are seeing staff enter and leave the office on a regular basis. We agreed to review the location of the staff office and for me to seek the whole team's opinion over the next week. I also agreed to raise this at the residents' meeting due to be held next week and speak directly to the two residents who live close to the office.
What worked well	I was pleased that the team felt able to express what they thought about the new location of the staff's office and were able to constructively tell me how this was having an impact on them, the residents and other visitors.
What did not go as well	I think I should have sought everyone's opinion much sooner and even before going ahead with the relocation of the office; this way I would have minimised the negative impact it may have had. I also should have made it clear to everyone what I was going to do with their feedback, how I was planning to use it, when they could expect for me to reach a decision and how I would be communicating this to them.
What I could do to improve	I think I am going to speak with my manager as perhaps I need some more support to decide the best methods to use when communicating to different people what I am going to do with the feedback received. I may also see if I can find any courses that may be useful for my own development in terms of using feedback.
Links to unit's assessment criteria	ACs: 2.2, 3.1, 3.2

Evidence opportunity

3.1, 3.2 Evaluating and using feedback to evaluate own performance and inform development

Identify an aspect of your work practice that requires improvement. Get feedback from three others and use their feedback to evaluate your performance and inform your development. You may like to do this with your employer or manager. For example, this may be in relation to how you lead the team or how you communicate with others. You will be observed using feedback you have received from others to evaluate your performance and inform your development. This could be your assessor or manager.

LO4 Be able to agree a personal development plan

AC 4.1 Identify sources of support for planning and reviewing own development

There are many sources of support that you can access both within and outside of the setting where you work. It is important that you know about these, their purpose and how to access them as they will be essential for helping you to plan and review your own development. [Table 3.3](#) discusses the main sources of support within the organisation.

Getting started

Think about an occasion when you identified a change you wanted to make in either your personal or professional life. For example, you may have wanted to lead a healthier life style or lose weight or learn a new skill. How did you go about it? What did you need for this to happen? How successful were you?

Table 3.3 Formal and informal sources of support within the organisation

Formal and informal sources of support within the organisation	Importance for planning and reviewing your development
Supervision and appraisals	● Your manager or employer will meet with you to assess your performance at work. This process is referred to as formal supervision and is there to support you with planning and monitoring your personal development. For example, in the care setting where you work you may have regular performance reviews where you discuss and evaluate your performance at work with your manager; sometimes these may take the form of a meeting instead (for example, if you are a Lead Personal Assistant). ● Supervision means you have regular meetings with your manager or employer. This is important for planning and reviewing your development because you will have an opportunity to discuss any issues and receive feedback on what has been going well, and what improvements you need to make. Because they may happen only every few weeks it is a good idea that you prepare before these meetings by, for example, reflecting on and writing down the things that you want to discuss beforehand. This is a good opportunity to discuss specific situations that have happened, staff and individuals you are working with. You can also use these opportunities to demonstrate how well you are doing by noting down all the ways in which you have shown good practice and reflected on your work. You can also discuss career progression and whether you have identified any sources of support and training courses you would like to undertake to inform your development. ● Your manager may also arrange some regular formal support meetings for you and your colleagues to discuss any issues you are experiencing in your professional environment such as in relation to new ways of working, individuals' conditions or changes to the service. They may even organise mentoring (see page 102 for definition) sessions where you will be able to speak with more experienced colleagues and get advice on the issues you are facing at work as well as on career development. ● Appraisals are another source of formal support and involve your employer (not necessarily your manager) assessing your performance in your job role with you over a much longer period, for example one year. This provides you with a good overview of your performance as a whole as well as the opportunity to discuss and reflect on your work performance by identifying your strengths; areas for development; what improvements you need to make and how you can progress in your role with training and development opportunities.

Colleagues	Your colleagues can be the source of both formal and informal support. They can share best practice with you and provide you with their honest views about your strengths and work practices which can be very useful for informing your development. They can also be the people you turn to when you need advice or guidance about your day-to-day work activities. This might be through the formal meetings discussed above, a more informal catch-up at lunch or coffee break, or even some advice or words of encouragement when you are doing your job.
Individuals	Individuals can be a useful source of support as they will very often show you how your work practices have impacted on them. They can also provide you with their views about the care and support they have received. Individuals are very useful in terms of your development because they can provide you with insight and increase your self-awareness about the impact your practice is having.
Training	- Training (both formal and informal) is an important way to build new skills, understanding and improve your current practice. - You may receive training from your manager in, for example, how to complete supervisions with staff or this may come from colleagues. - It may be that your manager has organised some formal training inside the care setting, where a professional trainer visits you in the setting in relation to changes to health and safety practices at work, for example. - Training can be 'on-the-job' where you learn new skills as an ongoing process as you do your job, for example how to handle medications safely, although you may have training days dedicated to this. See Table 3.4 on page 102 for more information on training outside the setting. - There may be online courses that you can do, for example a course on promoting equality and diversity at work. Although these may be more theoretical, they can still give you an idea of how to apply that theory to your work practices. - To get the most out of training, ensure that you understand what skills you will learn and ask your manager or employer any questions you may have before you attend. It is also worth making notes during the training and keeping any material that you are given for future reference. Telling colleagues about the training once you have completed it can help reinforce what you have learned. For example, the trainer may ask you to complete an activity beforehand and ask for feedback. It is important that you complete all the activities set, ask questions and take part in the presentations or extra activities the trainer provides. This will ensure that you get the most out of the course and you can apply any feedback offered during your training to your work practices. Also ensure that you give the trainer honest feedback on the course, so that they can improve the experience for those who receive the training next.
Assessor	Your assessor can support you with further development and verification of your knowledge, skills and behaviours in your current job role. They can provide you with access to useful information about best practice and work closely with you so that you are able to provide evidence of your competence at work. This will involve observing your work practices and speaking to others such as your manager, employer and/or colleagues who you work with.
Standards	The standards in the care setting where you work can be useful sources of information about the level and quality of work practice you will need to provide as evidence in order to be considered as a competent Lead Adult Care Worker or Lead Personal Assistant. As you have read, these can also be used as the basis for when you are reflecting on your work activities. See AC 3.1 for more information.
Agreed ways of working	The agreed ways of working in the care setting where you work can be a useful source of information and guidance for ensuring that you carry out your duties and responsibilities in accordance with your job description, legislation and the standards that the care setting where you work expects from you.



Key terms

Supervisor refers to the person in your work setting that oversees your work and assesses your performance at work; this is usually your manager or, if you are a Lead Personal Assistant, your employer.

Mentor refers to a person in your work setting who has more experience than you and can provide you with guidance and advice in relation to your job role and responsibilities. This person, however, is there to offer advice more informally than your manager or employer. If there is an issue, for example, that you are not sure how to address with your manager, you could talk to your mentor first.

Table 3.4 Formal and informal sources of support outside the organisation

Formal and informal sources of support outside the organisation	Importance for planning and reviewing your development
Trainers	As discussed, training plays a key role in planning and reviewing your development. Training can be both in the setting and outside the setting. It may mean that you go to a training provider outside of the setting. They can share their knowledge and skills in specific areas of work such as dementia care, planning activities or completing health and safety risk assessments.
Your family and friends	You must not forget the support you receive from your family and friends. For example, financial support when you are studying or help with other personal responsibilities when working long shifts. However, you must not discuss work related issues with your family and friends especially issues that are confidential to those you work with and support.
Online forums	These provide support and suggestions for how to overcome difficulties you may be experiencing. They are also places where people can share best practice and useful resources such as books and websites they have come across to help further develop their work practices (remember, you must check that these are reliable sources and think about where the advice is coming from).
E-learning	Short courses and study delivered online can be a good way of further developing your knowledge around key aspects of your work practices.

If you support an individual in their own home, you can access support directly from the individual, the local authority and by attending training.

Support for your personal development can also come from people and organisations outside of the care setting where you work and can even be online. [Table 3.4](#) lists some of these sources.

It is difficult to plan and review your development on your own. You may need support from this wide range of sources in relation to a specific area of your practice, for example when you are leading on a new work activity or completing a work task in a different way and at the same time supporting others because there has been a change in an individual's needs. You might also need their support when you want to acquire or gain new knowledge in a specialist area such as dementia care, autism or supervisions or you may want to update your knowledge of changes to legislation and standards that will impact on your

working practices.

Evidence opportunity

4.1 Sources of support for planning and reviewing development

You could discuss with your assessor the different methods for planning and reviewing your development. Identify all the main sources of support available to you at work including the ones we have discussed in this section. What additional support can you access within and outside of work? You could provide a written account after your discussion with your assessor.

AC 4.2 Work with others to review and prioritise your learning needs, professional interests and development opportunities

As you have now identified the different sources that are available to support you in planning and reviewing your development, you must now consider how others can play an important role in reviewing and prioritising your development to ensure that all areas remain up to date and are still relevant to your job role and associated responsibilities. You will be observed working with others to review and prioritise your development and you may find it helpful to review this section as well as [AC 4.1](#) before being observed.

Learning needs

Your learning needs will change over time and therefore must be reviewed on a regular basis. For example, the learning needs you identified six weeks ago in relation to updating your knowledge around changes to data protection legislation may have already been met if you attended the course identified for you and gained the knowledge from it that you required. If, however, the course did not provide you with all the information you needed then your learning needs may still be unmet and another method to meet them must be identified. You would usually do this with your manager or employer. It could be, for example, that your manager provides you with the additional information or asks you to do some self-directed learning to find out this information yourself; you may then agree to have a discussion with your manager or employer once you have done so to confirm whether your learning needs have been met.

Self-directed learning is particularly important if you are not working in a setting with other colleagues or are self-employed. For example, if you are a private carer or a carer employed directly by the individual with care or support needs, you can obtain feedback directly from the individual and/or their family about how your care or support is being experienced and how you are perceived as a carer. In addition, you could keep your knowledge up to date by reading, watching real-life documentaries in care settings and researching lessons learned from research undertaken.

Professional interests

As well as your learning needs, you may find that your professional interests may also change over time. For example, you may in your role as a Lead Adult

Care Worker or Lead Personal Assistant provide leadership to a team of staff who provide services to individuals with learning disabilities, physical disabilities or mental health needs. At the time of starting in your work role it is likely that you had an interest in working alongside individuals with these needs and learning more about associated working practices.

The individuals you work with may also have specific conditions that you wish to learn more about. For example, this might be in relation to diabetes care, end of life care or use of technology in communicating with individuals with sensory loss. You will naturally wish to expand the sources you draw on to include information and support around the topics you are developing a professional interest in. It will be important for you to review and prioritise these in terms of which areas would benefit you as a practitioner working in your current Lead role.

Development opportunities

As you will learn more about in [AC 5.1](#), there will be many opportunities made available to you for your development. However, before you take these all on board you should think about which ones are most important for your own development. For example, it may be that you would like to attend a conference for Lead professionals like you to further develop your leadership skills, but you have been tasked by your manager or employer to seek feedback from individuals about the quality of care and support they receive. You and your manager may decide that the latter takes priority this month as it is important that the feedback obtained from individuals is acted upon quickly and that instead, you attend the conference the following month. In this way you can access both development opportunities but at different times.

Development opportunities, as you have learned, are not only available to you through your work but may also arise naturally in your personal life. For example, a volunteering role to help at a music festival may support you in acquiring good organisational and people skills that you can then use in your current job role.



Research it

4.2 Formal and informal development opportunities

Research formal and informal development opportunities that may be useful for your current role as a Lead. Explain to a colleague why these are

relevant; include the skills and knowledge you plan to gain and describe how you plan to implement these in your current work role.

Evidence opportunity

4.2 Work with others to review and prioritise own learning needs, professional interests and development opportunities

Identify three people to work with to review and prioritise your learning needs, professional interests and development opportunities. Obtain their feedback about how this worked. Reflect on your skills in working with others and the benefits of doing so effectively for your own development. For this AC, you will be observed working with others.

AC 4.3 Work with others to agree your personal development plan

In some care settings, [personal development plans \(PDPs\)](#) are also known as personal learning plans (PLPs) or personal development reviews (PDRs). What are they known as in the care setting where you work? A personal development plan is a formal record of your learning and development and identifies:

- the knowledge, skills and behaviours you have
- your strengths as well as the areas you need to improve
- your plans for the future, including how you would like to develop in your job
- the learning and support you need to improve your practice and develop in your job and career.

It is for this reason that it is vital that you have a PDP in place.



Key terms

A **personal development plan (PDP)** may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives and timescales for review.

You will agree your PDP by discussing this with your manager or supervisor during the appraisal process. This is because PDPs not only take into account your learning and development needs, but also the needs of the care setting where you work. This is to ensure that you carry out your work tasks competently, in line with your job description and your care setting's standards and agreed ways of working.

Your manager (who may also be your employer) or supervisor will ask you to plan for this discussion by reflecting on your own development, achievements and areas for development.

As part of your planning you should involve and work closely with others, including:

- **The individuals:** their comments about the care you provide can help you to reflect on your strengths and areas for improvement.
- **The carers:** their views on the support you provide to them and their relatives can help you to reflect on your abilities and behaviours.

- **Advocates:** advocates speak up for individuals, they are independent of the care setting where you work so can be a useful and objective (unbiased) source of information about the quality of support you provide.
- **Team members:** your colleagues who work with you on a day-to-day basis can provide you with a good insight into your strengths and the areas of your work that require further development.
- **Other professionals:** as part of your role you may be required to contact other professionals who are external to the care setting where you work, such as [social workers](#), GPs, dentists and pharmacists. You can reflect on the working relationships you have developed with them; perhaps you have received comments from them about the quality of your work, such as your communication skills or the care and support you provide.



Key terms

Social workers assess, commission and co-ordinate care services and seek to improve outcomes for individuals, especially those who are more vulnerable. They may work in multi-disciplinary teams and can specialise in areas such as mental ill-health, learning disabilities, care for older people or safeguarding.

Process for agreeing your PDP

The process involved for agreeing a personal development plan involves the following seven key steps:

- 1 Identify the skills and knowledge that are required to carry out your job role well: your job description that details your duties and responsibilities will be used as the basis of your discussion with your manager or employer.
- 2 Identify the skills and knowledge you have at present: you will need to gather the information you have collected from the people you have worked with in your planning.
- 3 Identify any gaps in your skills and knowledge (and what will be required to bridge them): you will need to discuss and agree these with your manager or employer.
- 4 Set goals for how to fill these gaps: you will need to discuss with your manager or employer what you would like to achieve as well as what your manager expects from you. See the section on SMART goals below. These will reflect your own goals and those of the setting in which you work.

- 5 Agree the ways you can bridge the gaps in your skills and knowledge: these will depend on your agreed goals. You will need to agree how you are going to do this, such as by attending a training course or working alongside a more experienced team member.
- 6 Agree when these gaps will be met: you and your manager will discuss and agree on what needs to be addressed urgently and what doesn't and then set realistic timescales for achieving these in the short term (six months), the medium term (one year) and the long term (two years).
- 7 Review your goals on a regular basis and plan your new goals for the future: you will need to discuss and agree these with your manager or employer in order to recognise what you have already achieved and what you would like to aim for next. This should document both your own and your manager's assessment of your learning and development. This is also an opportunity to update your PDP and record any training that you may have undertaken, for example. You may also need to change milestones and goals if you find they are not working. An appraisal is a good time to discuss your personal and professional development too, although you should be discussing this on an ongoing basis when meeting with your manager or employer.



Reflect on it

4.3 Your PDP

Reflect on what type of PDP you have where you work and the process you go through when working with others to agree it. How does the process compare to the seven steps outlined above? What are the similarities? What are the differences?

SMART goals

It is important that the goals you include in your personal development plan and that you use to work with others are SMART. This means that they must be:

- **Specific:** they must be clear and state exactly what you want to achieve. For example, an individual may be feeling low in themselves and have very little confidence as a result. Your aim may be to promote the individual's well-being so that they can regain their confidence, feel better in themselves and start socialising with others again.
- **Measurable:** they must have milestones or clear end-points so that you can

measure how you are progressing and know when you have reached a certain goal. For example, an individual may have undergone an operation and is unable to eat by themselves or go to the toilet and dress themselves. Your goal may be to ensure that they can independently do these things in the next six months. A marker or a measurable goal may be when they are able to have their first meal on their own with very limited assistance from you in the next two months, the next marker may be when they are able to go to the toilet unassisted in the next three months.

- **Achievable:** you must be able to achieve them, in other words they must be part of your role. For example, you may decide to focus on work activities that are agreed as part of the scope of your job role and so can be achieved as part of the day-to-day support that you provide to individuals. If you see that you are on your way to achieving goals, this will serve as great motivation for achieving and progressing further. This will not only impact positively on the individuals you care for, because they experience better care as a result of your improved practice, but it will also impact positively on you and your team. Also, organising them into short, medium and long-term goals ensures that they are more achievable. For example, a short-term goal may be to help an individual with their personal care as they go through dementia. A medium-term goal may be to go on a course and train to find out more about dementia care. A long-term goal may be to support one other inexperienced colleague in this process. It may also include thinking about your long-term career plans, which might be to progress to a supervisor role.
- **Realistic:** the goals you agree should be achievable in the timeframe that you are set and within the scope of your job, or you will agree on training that will enable you to achieve the goal. For example, you would not be expected to provide medical advice such as that a GP would normally give.
- **Timely or time-based:** there should be a clear timeframe for when you are expected to achieve the goal and clear milestones to aim for. That way, you and your manager can work towards these and plan any training and development needs within that schedule. Timeframes should be realistic and give you the best chance to meet them successfully (allowing you to feel encouraged to progress and meet the other goals that you are set).

You and your PDP

The most important person involved in your PDP is you. Demonstrating that you are willing to contribute to your PDP is the key to its success. You can contribute to your PDP by:

Personal development plan

Name:

Organisation:

Date PDP completed:

Part 1 – Personal analysis

What are my strengths?

What are my weaknesses and the areas that I need to further develop?

What opportunities are there available to me that can help me learn and develop?

What threats are there that may affect my plans to learn and develop?

Part 2 – Setting goals

What do I want to learn?

What do I have to do?

What skills do I want to gain?

What support will I need?

What other resources will I need?

How will I assess and evidence my achievement?

How will I show I have achieved this?

What is my target date for achieving this and reviewing my progress?

Part 3 – Personal objectives

What are my short-term goals for the next 12 months?

What are my medium-term goals for the next two to three years?

What are my longer-term goals beyond three years?

Part 4 – Review

Goal	Outcome – did I achieve this, and by agreed timescales?
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

- **planning:** shows that you have prepared for a discussion with your manager or supervisor and indicates that you are keen to learn, improve your knowledge, skills and practice
- **reviewing:** being keen to review and update your personal development plan on a regular basis shows that you have a good insight into your progress regarding your learning and development

- **listening:** shows that you take seriously all comments, views and opinions received about the support you provide from all those involved in the personal development planning process. It shows that you are committed to making improvements to your practice.

As you draw up your plan make sure that it is highlighting all the things we have discussed above. In other words, ask yourself: is it outlining all my short-, medium- and long-term career goals? Will I be able to achieve these goals in these timeframes? Is the training relevant to what I want to achieve?

As well as making contributions it is also important that you agree to your PDP. As you have learned, planning your personal development involves meeting not only your learning and development needs but also the needs of the care setting where you work. This means that the goals that are set for you may not always be your preferred goals as they reflect the care setting's needs first and foremost. It is important not to be disappointed should this happen but instead focus on working closely and positively with your manager or employer so that you can draw up a personal development plan that meets both your needs and those of the organisation you work for.



Research it

4.3 SMART goals

Setting goals for your personal development involves working closely with others. It is important that your goals are SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime specific. Research the use of SMART when setting goals.

Produce an information handout about the skills needed to work with others to ensure your PDP goals are SMART.

Evidence opportunity

4.3 Working with others to agree your PDP

Make arrangements to be observed working with others to agree your personal development plan.

You could also discuss with your assessor how you work with others to agree your PDP. Find out from your colleague how they work with others to

agree their PDP. What skills do you share? What skills are different and why? Do you need to further develop any skills for working with others?

LO5 Be able to use learning opportunities and reflective practice to contribute to personal development

AC 5.1 Evaluate how learning activities have affected practice

Types of learning activities

As you know there are many different sources of support for your learning available to you both within and outside of the care setting where you work. Being an effective learner means being in control of your own learning. There are many different types of learning activities to choose from:

- **Training** usually takes place in the care setting where you work. It is usually carried out by more senior team members and can include your manager or even you if this is part of your job role. It is usually focused on specific work areas, for example it can help you and others to update your knowledge on safeguarding or further develop your practical manual and handling skills. This could also be external training carried out by an external agency or person. Whatever the training, you will need to ensure that this is relevant and will enable you to improve your work practice.
- **Learning programmes** can take place in the care setting where you work or outside of the care setting, such as in a college or an online virtual learning environment. A qualified person such as a teacher, tutor or assessor usually delivers the programme. Learning programmes can be useful for improving your knowledge and understanding that underpins your work practice as well as for further developing your skills, for example on diabetes care or even about the Level 3 Adult Care Diploma you are currently undertaking.
- **Mentoring programmes** take place in the care setting where you work. They are led by a more experienced member of the team and involve providing support to someone who has less experience, for example by guiding you through how to overcome a difficult situation you have experienced at work or supporting you to plan for a new work activity that you will then need to support others with.
- **Coaching programmes** also take place in the care setting where you work.

They are led by a member of the team who is experienced and competent in a specific skill or work area. They can provide training, for example on carrying out a risk assessment or supporting an individual who has specific communication needs when interacting with others.

- **Reading and information sharing** can take place both within and outside of the care setting where you work. For example, your manager may provide you and your colleagues with a legislation update or you may read an article in the newspaper about what high quality care and support looks like, which you may then discuss with your colleagues.
- **Reflection** can take place both within and outside of your care setting, both during and after situations and experiences. For example, you may reflect how you can adapt your communication with an individual who is not responding to you positively or you may reflect on your work achievements after your appraisal.
- **Visiting other settings** and speaking to lead care workers based there can increase your knowledge and understanding of how other settings function and learn about their ways of working. You will of course need to ask your manager and gain permission from them in order to do this. Your manager will then need to get the permission from the setting, arrange a suitable time and for someone to show you around.
- **Individuals and their families.** It is important to remember that you will be constantly learning from the individuals that you care for daily. This may include simply learning something new about their lives or preferences. It might be something as simple as finding out that they do not like to have broccoli in their lunch, which will enable you to make sure that this is not in the meals they are given. By learning directly from individuals, you can ensure you tailor your practice to their needs.



Research it

5.1 Other theories

Research the four stages of Lewin/Kolb's cycle of experiential learning: concepts of concrete experience, reflective observation, abstract conceptualisation and active experimentation.

You might also find it useful to research Honey and Mumford's four-stage process of learning from experience and their theory of learning styles.

Look into the different types of learners they have identified: activists, reflectors, theorists and pragmatists.



Reflect on it

5.1 Learning activities

Reflect on one learning activity you carried out to improve or further develop your practice. Why did you choose this activity? Was there another type of activity you could have undertaken? Why?

Evaluating the impact of learning activities

As we discussed in [AC 2.1](#) and 3.1, it is important that you strive to improve your practice on a daily basis, continuously developing your knowledge, skills and understanding by ensuring that you are up to date with any recent developments in adult care. This means going to the library to access journals, researching on the internet, ensuring you are keeping up to date with any developments in the news and speaking to colleagues inside the setting. Being an informed practitioner who is constantly doing this as well as using learning activities such as training to develop their knowledge, skills and understanding will benefit your setting, improve your practice and thus the lives of the individuals you care for.

Evaluating how learning activities have affected your practice involves:

- **Reflecting on them after they have taken place:** for example, what was the purpose of undertaking them? Did the learning activity change, develop or improve my practice? How? What evidence do I have of this?
- **Weighing up the benefits:** for example, in relation to the purpose of the learning activity, did I gain what I aimed to? Perhaps more? Perhaps less? Did the learning activity's benefits make an impact on my work practice? If so, how? Who else did this impact on my practice benefit? Could these benefits be replicated, i.e. if others completed this learning activity would it benefit their practice too? Can I share any of this learning with others? Will this improve my practice as well as theirs?
- **Further improvements:** for example, are there still any gaps in my learning? If so, how I can meet these outstanding learning needs? With the same type of learning activity or with a different type?

There is no point in undertaking learning activities if they do not have a positive impact on your practice. But to know whether they do so, you must **EVALUATE**:

- **Examine** your practice and how it has been affected
- **Verify** that the learning you've undertaken has had the impact you intended
- **Assess** how effective the learning activity is
- **Learn** from others, from what they tell you about how your practice has changed
- **Undertake** further learning if you need to
- **Aim** to review the goals you set yourself for your learning
- **Take** into account your increased self-awareness of your own abilities and limitations
- **Experience** the learning gained positively and use this to inform future learning and development.

Evidence opportunity

5.1 How learning activities affect practice

Make arrangements to be observed evaluating how learning activities have affected your practice. Select a learning activity you (and a colleague, if they also took part) participated in. Discuss with your assessor the benefits. Discuss the impact on your work practices. Compare and contrast the learning gained.

AC 5.2 Explain how reflective practice has led to improved ways of working

You learned about reflective practice and what being a good reflector involves earlier on in this unit (see [AC 2.1](#) and [2.2](#)) and it would be worth recapping those sections.

Reflecting on a situation that has taken place in the care setting where you work can lead to improved ways of working by:

- increasing your self-awareness – making you more aware of your own abilities and limitations, what situations and experiences have taught you and how you can use these to learn, improve and grow in your role
- making you more aware of the knowledge, skills and understanding you have and those you need to gain or develop or improve on
- helping you to identify suitable learning activities to meet your learning needs
- improving your work practice
- being an effective lead in improving the practice of others and leading by example.

Not only will reflecting enable you to improve your ways of working, it will also mean that you are able to inform others of what you have learned and how you have improved, which will help them to improve their ways of working too. This will in turn benefit those you care for and increase standards where you work.

Not setting time aside to reflect means that you risk your performance at work becoming poor in quality; this in turn will impact on the quality of the care you provide to individuals and the support you provide to your team members. You may also place these individuals at risk of danger, harm or abuse through poor working practices, which can have serious consequences for their lives and your career. That is not to say you should spend your time worrying about the consequences, but it is a good idea to be aware of good practice and what bad practice can mean.



Reflect on it

5.2 Reflecting on a situation

Reflect on a situation you have experienced as a Lead where you work. What happened? Why? What action did you take? Why? Could you have

taken different action? Why? What would you do next time should this situation happen again? Why?

Evidence opportunity

5.2 How reflective practice has led to improved ways of working

Provide a written account explaining how being a reflective practitioner has led you to improve your performance at work. Discuss how you have improved two aspects of your work through reflection.

You might like to think of it in these terms:

- As a result of reflecting and thinking about this situation, I now know more about ...
- My skills have improved as a result of ...
- I can now do ...
- I understand that I must ...

AC 5.3 Explain why continuing professional development is important

CPD means looking at the skills and what you are learning in your role, making sure that you are keeping a record of what training and learning you have undertaken, for example by keeping records of any certificates you have received for courses you have undertaken and putting together a CPD folder that includes these. You can also include other evidence such as reflections and witness statements from those who have observed your practices.

CPD also involves continually looking at opportunities and ways to further your development by outlining any new training that you need or other ways to develop, through mentoring sessions for example. As a result, you will have a clear idea of how you are progressing, your goals and where you are headed long-term in terms of your career. You might like to refer to the section on training in [AC 4.1](#) and [AC 5.1](#). If you do not do this, then you may not realise that you are using work practices that are out of date, your skills and knowledge will not develop further as a result and you will not be able to provide individuals with up-to-date, good quality care.



Key terms

Continuing professional development (CPD) refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial (induction) training. It is a record of what you experience, learn and then apply.



Figure 3.6 Is your CPD up-to-date?



Research it

5.3 Benefits of CPD

Research the benefits of CPD in the adult care sector. You could use your work setting, and organisations such as Skills for Care and CQC as sources of information. Discuss your findings with a colleague.

Maintaining, reviewing and updating your professional development throughout your career is important because doing so will:

- **Improve your knowledge and understanding:** your knowledge of specific areas of work will increase because you will have clearly outlined the areas you want to increase your knowledge and understanding in.
- **Improve your skills:** your skills will develop because you will have clearly outlined these and identified ways to improve and gain new skills, for example through training. This is not just professional skills and qualities such as being an effective communicator but also personal qualities of **compassion** and empathy that are also required in your role.
- **Improve your work practice:** constantly thinking about your practice, how you are progressing and ways to improve will mean your practice is more likely to meet the required standards such as those that we discussed in [AC](#)

1.2.

- **Help you apply new working approaches:** as you think about your practice, you may identify new ways of working, you will gain an understanding of new and effective working approaches and how to ensure that these will also impact on individuals in a positive way.
- **Help you adapt your practice:** as you develop you will learn about best practice and how to apply it, including using different skills to change the way you practice to ensure it remains up to date.
- **Help you develop in your job role:** you will increase in confidence when applying the knowledge and skills you have learned; this may lead you to explore different job roles and positions, for example the role of a supervisor.
- **Provide you with an opportunity to reflect:** your self-awareness of your knowledge, skills, and behaviours will increase, meaning that you will know what you are doing well and what you need to improve to develop further.



Compassion

Being able to deliver support to individuals and team members with compassion involves doing so with kindness, consideration, dignity and respect. However, it is important not to just be compassionate when working with individuals, but to be compassionate in your relationships with families and your colleagues, even as you offer advice or point out a weakness. For example, you could mention to a colleague that they carried out a task well but also made a mistake and make suggestions on how to improve it, including CPD opportunities they could access and the reasons why. This means that you are thinking about how they may receive the feedback and offer positive as well as negative feedback. Of course, you may not always be able to offer positive feedback, but it is important to be clear about your reasons so that they understand why they are being criticised. This is also showing compassion in your interactions while highlighting the importance of CPD.

Doing all the above will mean that you will be a good role model for members in your team. If your team see you striving to improve your work practices and being committed to doing so, it is likely that they will do the same. They will also be more likely to approach you for advice and support when they are

seeking to develop themselves professionally and personally in the roles that they have been employed to carry out. So, you see, your CPD has an impact on others' CPD – your development will help others to develop.



Reflect on it

5.3 Your professional development

Reflect on your effectiveness at maintaining and updating your professional development. Are you a good role model? How could you improve?

Evidence opportunity

5.3 Why CPD is important

Read through Case study 5.3 and answer the questions that follow. Use the Case study as the basis for exploring the importance of continuing professional development. Explain why continuing professional development is important. What are the consequences of not maintaining your CPD? Provide a written account.



Case study

5.3 The importance of CPD

Miriam is an experienced Lead Personal Assistant and has been asked by her employer to think about how she can further develop her skills in her job role as the last time she attended a training activity was about three months ago.

Miriam is not very happy about this as she feels that her employer is questioning her skills and knowledge and believes that she does CPD activities all the time, a mixture of formal and informal ones and therefore does not need to evidence these or reflect on these anymore.

Discuss:

- 1 Do you agree with Miriam? Why?
- 2 What should Miriam do? Why?

3 What can Miriam's employer do to support Miriam?

AC 5.4 Record progress in relation to personal development

You will need to demonstrate how you record your progress in relation to your personal development; your practices will be observed.

Your personal development plan is a continuous record of your development at work. It is an important record because it:

- helps you to reflect on your practice
- identifies your achievements, strengths and abilities
- provides an up-to-date picture of what you have learned and how you have applied it
- provides useful information of what you aim to achieve and how you are going to do it
- reminds you to continue to develop your knowledge, skills and understanding.

PDPs can take many forms; in some care settings, they are recorded electronically, in others they are recorded on paper and held in a file. Your PDP contains personal information about you and therefore must be updated in private and stored securely when not in use. Remember the things that you have learnt about completing your PDP in [AC 4.3](#), and the various areas it must cover: for example, SMART goals with realistic timeframes and milestones, opportunities for training and development, and when and how you will review this. Remember to also record the progress you are making so that you can refer to this to evaluate how you are improving.



Reflect on it

5.4 Skills for recording progress

Reflect on the skills you need to record your progress in relation to your personal development. For example, do you need to have good organisational skills and be able to write legibly?

Reflect on the qualities you need to record your progress in relation to your personal development. For example, do you need to be honest and objective?

What skills and qualities do you have? Which ones do you need to improve

on in relation to recording your progress for your personal development?

Evidence opportunity

5.4 Record progress in relation to personal development

If you have completed a PDP, review the last activity you planned. How are you progressing with it? Record your findings and share these with your employer or manager. Do they agree? Discuss this with/show this to your assessor. If discussing with your manager, this can be evidenced using a witness testimony.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested assessment methods to show your knowledge/skills
LO1 Understand what is required for competence in your work role	
1.1 Reflect on it (page 80)	Write a personal statement about how your duties and responsibilities at work support your organisation's/employer's values.
1.1 Evidence opportunity (page 81)	You could provide a written description as instructed or develop a presentation that describes your duties and responsibilities at work.
1.2 Reflect on it (page 82)	Provide a reflective account as instructed in the activity. You could also explain examples of the different standards that may influence your work role.

Suggestions for using the activities	
1.2 Research it (page 85)	Discuss your findings with your employer or assessor. Or you could discuss with a colleague, who is in a similar job role to you, your expectations about your job roles and how these are expressed in relevant standards. Provide a written account. Provide a written account of your findings.
1.2 Research it (page 86)	
1.2 Evidence opportunity (page 86)	You could provide a written account or develop a case study to explain how relevant standards influence your job role as a Lead.
1.3 Research it (page 88)	Answer the questions in the activity and provide a written account, or you could identify three different people you work with as part of your current job role. For each one, describe how you work effectively with them and why this is important.
1.3 Evidence opportunity (page 88)	Provide a written account as instructed. The Case study will also help you to understand some of the skills required to work effectively with others. You might like to put together the presentation as part of the evidence opportunity.
1.3 Case Study (page 88)	
LO2 Be able to reflect on practice	
2.1 Research it (page 89)	Develop a leaflet or a written account.
2.1 Reflect on it (page 91)	Provide a reflective account for the activity. Or you could discuss why and how reflective practice can help you improve your working practices.
2.1 Research it (page 91)	Provide a written account about how research can lead to improved practice, or what you have found out from the news story you read.
2.1 Evidence opportunity (page 91)	Write a personal statement about the importance of reflective practice in continuously improving the quality of service provided. You could also explain to a colleague how you have improved three aspects of the service you provide in your current role. Think about the role that reflection has played and its importance. Provide a written account.
2.2 Reflect on it (page 92)	You could obtain a witness testimony that evidences how you reflect on your practice to improve the quality of the service provided.
2.2 Evidence opportunity (page 93)	You must make arrangements for your work practices to be observed so that you can show your assessor how you reflect on your work practice. The reflective exemplar will also help you.
2.2 Reflective exemplar (page 99)	
2.3 Reflect on it (page 94)	Provide a reflective account about the similarities and differences, and the impact of positive and negative influences. You could also prepare a presentation or a personal statement on how to ensure that your values, belief systems and experiences do not impact negatively on your working practice.
2.3 Evidence opportunity (page 95)	Provide a written account describing how your values, belief systems and experiences may affect working practice. Or you could provide an account that addresses the other points in the activity.
LO3 Be able to evaluate own performance	
3.1 Reflect on it (page 96)	Write a reflection that evaluates your skills and knowledge in your current job role. Remember to include how they meet relevant standards. Discuss the importance of your work performance meeting relevant standards.
3.1 Research it (page 97)	Provide a written account about the news story/stories you have researched.
3.1 Evidence opportunity (page 97)	Evaluate three aspects of your work practice. Write a report of your evaluation. You could also discuss this with your assessor and provide a written account.
3.1, 3.2 Reflective exemplar (page 97)	The reflective exemplar will guide you with thinking about the different methods of evaluating your performance and knowledge.
3.2 Reflect on it (page 98)	Write a reflective account based on the activity. Or you could write about an occasion you used feedback to evaluate your work practice and inform your development.

Suggestions for using the activities	
3.1, 3.2 Evidence opportunity (page 99)	You must make arrangements for your work practices to be observed so that you can show how you use feedback to evaluate your performance and inform your development. The feedback you collate could be used as the basis of this.
3.1, 3.2 Reflective exemplar (page 99)	The reflective exemplar will guide you with thinking about the importance of using feedback and how to do it effectively.
LO4 Be able to agree a personal development plan	
4.1 Evidence opportunity (page 102)	Provide a written account.
4.2 Research it (page 104)	Provide a written account.
4.2 Evidence opportunity (page 104)	Make arrangements to be observed working with others to review and prioritise your learning needs, professional interests and development opportunities. This could be by your assessor, or you could obtain a witness testimony from your manager on how you work with others to review and prioritise your development. You could also use your personal development plan as supporting work product evidence.
4.3 Reflect on it (page 105)	Write a reflective account.
4.3 Research it (page 107)	Produce a handout as instructed.
4.3 Evidence opportunity (page 107)	Make arrangements to be observed working with others to agree your PDP. You could also use your PDP as supporting work product evidence.
LO5 Be able to use learning opportunities and reflective practice to contribute to personal development	
5.1 Research it (page 108)	Provide a written account detailing what you discovered about other theories of reflection.
5.1 Reflect on it (page 108)	Write a reflective account of one or two learning activities you have completed. Reflect on how they have improved your practice. Address the points in the activity.
5.1 Evidence opportunity (page 109)	Make arrangements to be observed evaluating how learning activities have affected your practice by your assessor or manager who will need to provide a witness testimony.
5.2 Reflect on it (page 109)	Write a reflective account based on the questions in the activity or one describing how you have improved your work performance through reflection.
5.2 Evidence opportunity (page 110)	Provide a written account or develop a presentation to show the team that explains how reflective practice leads to improved ways of working.
5.3 Research it (page 110)	Provide a written account detailing what you found out about the benefits of CPD and your discussion with a colleague.
5.3 Reflect on it (page 111)	Write a reflective account addressing the points in the activity. Or you could reflect on the reasons why CPD is important. Or write a reflective account of an occasion when you completed a CPD activity; include the reasons why it was important.
5.3 Evidence opportunity (page 111)	Provide a written account. The Case study will help you think about the importance of CPD.
5.3 Case study (page 111)	
5.4 Reflect on it (page 112)	Provide a reflective account.
5.4 Evidence opportunity (page 112)	Obtain a witness testimony of how you record your progress with your personal development. You must make arrangements for your work practices to be observed so that you can show how to record your progress in relation to personal development. To support your observation you can also show your work product evidence of your personal development plan and the updates you have made to it.

Legislation	
Act/Regulation	Key points
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9: Person-centred care	Providers of care must work with the individual and support them to understand and make informed choices and decisions about their care and support. You should also research the key points of the other regulations in this Act.
The Control of Substances Hazardous to Health Regulations 2002	Lead workers must ensure the safety of their own and others' work practices in relation to handling substances such as cleaning substances that may be dangerous to their health.
The Management of Health and Safety at Work Regulations 1999	Lead workers must lead by example and ensure, for example, that they take reasonable care of their own health and safety and those of others such as individuals, visitors and report any health and safety concerns they have.

Also see [AC 1.2](#) page [82](#) for more information on relevant standards.

Further reading and research

Books and booklets

Ferreiro Peteiro, M. (2015) *Level 3 Health & Social Care Diploma Evidence Guide*, Hodder Education

Knapman, J. and Morrison, T. (1998), *Making the Most of Supervision in Health and Social Care*, Brighton: Pavilion Publishers.

Schön, D. (1983), *The Reflective Practitioner How professionals think in action*, London: Temple Smith.

Weblinks

www.cqc.org.uk Care Quality Commission (CQC) – information about CQC’s Regulations and the Fundamental Standards.

www.gov.uk The UK Government’s website for information about current legislation including health and safety.

www.skillsforcare.org.uk Skills for Care – resources and information on the minimum standards and the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.

www.skillsforhealth.org.uk Skills for Health – resources and information on the minimum standards and the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.

302 Promote health, safety and well-being in care settings



About this unit

Credit value: 6

Guided learning hours: 45

Health, safety and well-being in care settings is everyone's responsibility and promoting it on a day-to-day basis is both interesting and challenging. Health and safety is more than just accident prevention and assessing risks; it involves ensuring care settings are safe environments where individuals feel at home and workers enjoy coming to work.

In this unit you will learn about the various aspects that are involved in making sure the environment you work in is a safe one. You will also find out about the various aspects that are involved in making sure that you keep yourself, the individuals you work with and others safe.

Learning outcomes

By the end of this unit, you will:

- LO1:** Understand your responsibilities, and the responsibilities of others, relating to health and safety
- LO2:** Be able to carry out your responsibilities for health and safety
- LO3:** Understand procedures for responding to accidents and sudden illness
- LO4:** Be able to reduce the spread of infection
- LO5:** Be able to move and handle equipment and other objects safely
- LO6:** Be able to handle hazardous substances and materials
- LO7:** Be able to promote fire safety in the work setting
- LO8:** Be able to implement security measures in the work setting
- LO9:** Know how to manage stress

LO1 Understand your responsibilities, and the responsibilities of others, relating to health and safety

Getting started

Think about the importance of being healthy and staying safe. How do you maintain your health and minimise falling ill? How do you keep safe and free from danger? Why is this important? Discuss with a colleague in a similar lead role to you how you both promote people's health and well-being where you work. Then think about people's safety where you work – how do you both promote their safety? How does your employer promote you and your colleague's health and safety?

AC 1.1 Identify legislation relating to health and safety in a care setting

Care settings are environments where accidents, injuries and illnesses can occur and so knowing about and practising general [health and safety](#) at work is important for protecting all those who live, work and visit these from danger as the statistics below show:

- 1.3 million workers were suffering from a work-related illness (new or long standing) in 2015/16
- 0.5 million workers were suffering from work-related [musculoskeletal disorders](#) (new or longstanding) in 2015/16
- 0.5 million workers were suffering from work-related stress, depression or anxiety (new or longstanding) in 2015/16.

Source: *Health and Safety Executive (2016) 'Health and safety at work: Summary statistics for Great Britain 2016'*

With many more individuals living in their own homes, you may be providing care to individuals on your own so it is very important that you are aware of how to maintain your own health and safety as well as that of individuals and others who may visit their home while you are there.

As a lone worker, unlike residential-based workers who always work alongside team members, you will for the most part be visiting individuals' homes on your own and will therefore have to know how to manage and respond to different types of situations, such as finding that an individual's hoist or security alarm isn't working or dealing with a family member who does not agree with the care you are providing. As a lone worker it is your responsibility to ensure you deal with all situations effectively; taking no action is not an option. If you were a lone worker, how would you deal with each of the situations mentioned above?

For example, if you are a lone worker and you find an individual's hoist or security alarm isn't working, it would be your responsibility to contact the manufacturer and explain this; whereas, if you work in a residential setting you would report this to the health and safety officer or to your manager, whose responsibility it would be to contact the manufacturer. If you come across a family member who does not agree with the care you are providing, as a lone worker you would have to discuss their concerns directly with them, whereas in a residential setting you would report this to a more senior colleague or to your manager, who would discuss this with the family member.

You would need to report these and record the actions you've taken.

In care settings, individuals may be more likely to have accidents, sustain injuries and develop illnesses because they may, for example, have:

- difficulties when walking or moving that may result in them slipping and tripping
- vision loss that may result in them having falls
- weak immune systems due to health conditions that may result in them becoming ill.

Adult care workers and others who visit individuals, such as their families and friends, may also be more likely to fall ill and have accidents because:

- they are working closely with individuals who may be unwell
- they are carrying out tasks that involve being in contact with individuals' **body fluids**
- they are carrying out tasks that may be complex, for example using a hoist to move individuals from one position to another
- the environment may generally pose risks and hazards to everyone if it is not maintained.



Key terms

Care settings refer to adult care settings as well as adult, children and young people's health settings. This qualification is focused on adult care settings.

Health and safety, in this unit, could be in relation to the safety of yourself, your colleagues or the people you support.

Musculoskeletal disorders refers to injuries, damage or disorders of the joints or other tissues in the upper and lower limbs or the back.

Body fluids refers to any fluid that circulates around the body or is expelled from the body, such as blood, urine, sputum and vomit.

The **Health and Safety Executive (HSE)** is the independent regulator in the UK for health and safety in work settings.

A **regulator** is a body that supervises a particular sector.

The **Care Quality Commission (CQC)** is the independent regulator of all health and social care services in England.

Legislation is a process that involves making laws.

Did you know that the **Health and Safety Executive (HSE)** is the **regulator** for workers in England, Scotland and Wales and also for individuals in Scotland and Wales and that, in England, from April 2015 the **Care Quality Commission (CQC)** took over the responsibility for individuals' health and safety for health and social care providers that are registered with them?

Legislation is also in place to ensure that everyone's general health and safety is safeguarded. This includes safeguarding all those who live in, work in and visit care settings.

Legislation

As a Lead Adult Care Worker or a Lead Personal Assistant you will be expected to play your part in ensuring that your work practices and those of others you work with are safe and that you promote health and safety at all times where you work. There are specific pieces of legislation in place that set out what is required in terms of health and safety and that underpin your employer's agreed ways of working:

Health and Safety at Work Act (HASAWA) 1974

The main piece of legislation that is relevant to care settings is the Health and Safety at Work Act (HASAWA) 1974. This Act forms the basis of all other current health and safety regulations and guidelines in work settings. The main purpose of health and safety regulations is to amend or supersede current laws.

- It is the basis of all current health and safety legislation and is known as the 'enabling' Act because it enables other health and safety regulations to be made.
- It established the Health and Safety Executive (HSE) as the regulator for the health, safety and welfare of people in work settings in the UK. You need to know about the HSE because it is a useful source of information and guidance about your specific responsibilities and those of others you work with such as your employer and your colleagues; you will learn more about health and safety responsibilities in [AC 1.3](#).
- It aims to protect the health and safety of everyone in a work setting, i.e. in the setting where you work; this includes individuals, your colleagues and other team members as well as visitors such as individuals' families, their carers, advocates, other professionals such as GPs, social workers, chiropractors and contractors.

- It established the key duties and responsibilities of all employers and employees in work settings.
- It requires both employers and employees to work together in promoting a safe work environment and reinforces that health and safety is everyone's responsibility.

Management of Health and Safety at Work Regulations (MHSWR) 1999

- It requires employers and managers to assess and manage risks by carrying out risk assessments such as in relation to a work practice or activity. You will learn more about how to manage risks safely where you work in [ACs 2.3](#), [2.4](#) and [2.5](#).
- It requires work settings to have arrangements in place including appointing competent people to manage general health and safety; for example, this may be the manager in a care setting or you. All people appointed will have received the necessary training to be able to carry out their role effectively.
- It requires work settings to have procedures in place for emergency situations, for example in relation to fire safety or in the event of an accident occurring. You will have an opportunity to explore your own work setting's policies and procedures in more detail in [AC 1.2](#).
- It requires employers to provide information, training and supervision so that work activities can be carried out safely, for example a training day on health and safety at work. This means you and other employees are required to undertake training when asked by your employer so that you can ensure that your and others' work practices are safe and reflect current work practice.

Workplace, (Health, Safety and Welfare) Regulations 1992

- This regulation requires workplaces to be environments where risks to general health and safety are minimised. You will learn more about how this can be done in the setting where you work in [AC 2.5](#).
- It is concerned with the safety of the working environment. This relates not only to making sure that there are no hazards present that may pose a danger to you and others, but also to ensuring that the environment is one in which it is safe and comfortable to work, for example in relation to temperature (not too hot or too cold), lighting (avoiding poorly lit areas) and ventilation (avoiding poorly ventilated areas such as kitchens and bathrooms) and making sure that floors are safe to walk on and not slippery.
- It requires the safety of the actual building where you work, both inside and

outside. This will include ensuring windows and doors can be closed securely, ensuring that areas such as bathrooms have non-slippery floors and that carpets are not worn.

- It requires the availability of welfare facilities for all employees. This will include ensuring that there is access to separate areas for employees to eat and drink, the availability of clean and well-lit toilets supplied with hot and cold water, soap, washbasins and hand drying facilities.
- It requires the maintenance of a healthy and safe work environment such as by making sure all areas are cleaned regularly, ensuring that all spillages are cleaned and removed immediately and that all types of waste are disposed of safely. You will learn more about safe waste disposal practices in [AC 6.2](#).

Manual Handling Operations Regulations 1992 (as amended 2002)

- It requires risks associated with moving and handling activities to be eliminated or minimised by employers, for example avoiding hazardous activities such as lifting heavy equipment and using risk assessment for managing moving and handling tasks safely. It is important that you are aware of the legal responsibilities your employer has so that you can ensure that you are only following safe agreed ways of working and do not undertake any moving and handling tasks that you are not trained or competent to do. You will learn more about the legal and organisational requirements for moving and handling equipment and other objects safely in [ACs 5.1](#), [5.2](#) and [5.3](#).
- It requires employers to provide information, training and supervision about safe moving and handling, for example instructions on how to use a ceiling hoist safely or guidelines on how to move an individual from one position to another.

Provision and Use of Work Equipment Regulations (PUWER) 1998

- It is concerned with the safety of work equipment used in work settings. This can include any type of equipment that you and/or others may use such as cleaning equipment or kitchen appliances that require employees to operate and use equipment safely.
- It requires employees to receive training before using work equipment, i.e. training in its use and the safety precautions to take. Undertaking this training forms part of your responsibilities as an employee and shows compliance with your employer's agreed ways of working for promoting health and safety.

- It requires work equipment to have visible warning signs and for employees who use work equipment to understand what these mean. This will form part of the training you receive. It is important that you ask if you are unsure about what any signs mean; you can also check the equipment manufacturers' instructions. You will learn more about moving and handling equipment in LO5.



Reflect on it

1.1 Work equipment safety

Think about the different work equipment you and others operate as part of your day-to-day responsibilities. What are the consequences of not complying with legal requirements in terms of the safety of yourself and others?

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998

- It is concerned with the safety of lifting equipment used in work settings; in care settings this may include hoists and other mobility aids.
- It requires lifting equipment to be maintained and used solely for the purpose it was intended for, in order to ensure it is used safely and to avoid injuries or accidents. This requires you to be vigilant that others are using equipment safely and also requires you to follow your employer's agreed ways of working for use of lifting equipment.
- It requires that all lifting operations must be planned, supervised and carried out in a safe manner by people who are competent, i.e. the employer must ensure that employees are trained and competent when using lifting equipment such as hoists. It is important that you are aware of both your rights and responsibilities so that you can ensure that you're complying with relevant legislation.

Personal Protective Equipment at Work Regulations (PPE) 1992

- It is concerned with the provision of personal protective equipment (PPE) such as aprons and gloves to provide protection against infections when changing an individual's dressing, assisting an individual with their personal hygiene or when handling food. You will find out about how to safely use different types of PPE in [AC 4.3](#).

- It requires employers to provide PPE free of charge. Did you know that it is a legal requirement for your employer to do so?
- It requires PPE to be maintained in good condition so that it is effective, otherwise it will not provide protection as intended from infections being transferred from one person to another. Being able to reduce the spread of infection is a topic you will explore in LO4.
- It requires training to be provided in the use of PPE, i.e. when, why and how to put it on and dispose of it.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

- It requires employers to report and keep records for three years of work-related accidents that cause death and serious injuries (referred to as reportable injuries), diseases and dangerous occurrences (incidents with the potential to cause harm). Do you know the reporting and recording requirements of the setting where you work in relation to RIDDOR? LO3 will give you an opportunity to find out more.
- It requires work settings to have procedures in place for reporting injuries, diseases and incidents. Are you complying with your employer's agreed ways of working?
- It requires employers to provide information and training on reporting injuries, diseases and incidents. Do you understand your employer's responsibilities?

Control of Substances Hazardous to Health (COSHH) 2002

- It requires employers to carry out a risk assessment to prevent or control exposure to hazardous substances, in care settings this includes cleaning materials. This is to ensure that you and others are working in safe environments and undertaking tasks safely.
- It classifies hazardous substances under the following types: very toxic, toxic, harmful corrosive and irritant. You will explore these types in more detail in LO6.
- It requires employers to have procedures in place for safe working with hazardous substances, for example wearing PPE and carrying out a risk assessment.
- It requires employers to provide information, training and supervision so that work activities can be carried out safely, for example by monitoring workers' practices to ensure they are safe.

Electricity at Work Regulations 1989

- It is concerned with ensuring that the electricity and electrical appliances that are used in work settings are safe by ensuring they are maintained. What checks are carried out in your setting to ensure that electrical appliances such as kettles, toasters, heaters and televisions are safe to use?
- It requires that all electrical equipment installed is made safe by being tested both on and after installation, and by being clearly marked that it has been tested. How do you know if electrical equipment has been tested in the setting where you work?
- It requires employers to provide training to employees in carrying out safety checks on electrical equipment, including how to report faulty equipment and how to carry out tests on electrical equipment. What safety checks do you (or others where you work) carry out? What do they involve?

Regulatory Reform Order (Fire Safety) 2005

- It requires fire risk assessments to be completed by the person responsible for the premises; in care settings this could be the manager or employer. This should have been explained to you as part of your induction in the setting where you work.
- It requires fire equipment to be provided and maintained, for example fire extinguishers and fire blankets.
- It requires fire escape routes and exits to be provided. How do you and others ensure these are kept clear at all times? Why is this important?
- It requires employers to provide training to employees in relation to fire safety, for example what actions to take if there is a fire. As part of this process it is also important to familiarise yourself with the layout of the building where you work. Are you confident that you know where the fire escape routes are?

Health and Safety (First Aid) Regulations 1981

- It requires the provision of first aid to be made available to employees.
- It requires employers to have an appointed person in the work setting who is responsible when an emergency arises. Are you a qualified first aider? If not, who is a qualified first aider where you work?
- It requires the provision of first aid facilities, for example a first aid box and trained first aiders. Do you know what should be in the first aid box where you work?

Food Safety Act 1990

- It requires that good personal hygiene is maintained when working with food so that it is safe to eat.
- It requires that records are kept of where food is from so that it can be traced if necessary.
- It requires that any unsafe food is removed and an incident report completed. Do you what information is required from you to complete the incident report?

Food Hygiene (England) Regulations 2006

- It requires that food safety hazards are identified. Have you been trained to do so?
- It requires that food safety controls are in place, maintained and reviewed. Do you know what these are? Do you feel confident to show others what these are?
- It requires that environments where food is prepared or cooked are kept clean and in good condition.

Civil Contingencies Act 2004

- It requires that organisations work together to plan and respond to local and national emergencies.
- It establishes how organisations such as emergency services, local authorities and health bodies can work together and share information.
- It requires that risk assessments are undertaken and emergency plans are put in place. Are you aware of whether there are arrangements in place for emergency planning in the setting where you work?

Health and Social Care (Safety and Quality) Act 2015

- It requires that adult social care providers share information about a person's care with other health and care professionals so that safe and effective care can be provided. This promotes individuals' well-being and safety.
- It reduces the risk of harm and abuse by making provision for removing people convicted of certain offences from the registers kept by the regulatory bodies for health and social care professions. You can learn more about safeguarding individuals in [Unit 201](#).
- Adult social care organisations should use a consistent **identifier** (the NHS Number, see page [122](#) for definition) when sharing information about a person's care.



Research it

1.1 Health and Safety Executive (HSE)

Research some key facts and statistics specifically related to accidents, injuries and illnesses that occur in care settings. The health and social care services page on the Health and Safety Executive's website is a useful source of information:

www.hse.gov.uk/healthservices/index.htm

Provide a written account of your findings.



Key terms

An **identifier** is a tool (the NHS Number) used to match people to their health records.

Policies and procedures may include other agreed ways of working as well as formal policies and procedures, for example how to carry out risk assessments.

Evidence opportunity

1.1 Health and safety legislation

With your assessor, discuss how six pieces of health and safety legislation are relevant to where you work. You could also provide a written account identifying legislation relating to health and safety in a care setting.

AC 1.2 Explain the main points of the health and safety policies and procedures agreed with the employer

Every adult care setting is required to have in place policies and procedures that set out how to put into practice safe working practices in ways that comply with the health and safety legislation and regulations that you learned about in AC 1.1. Health and safety policies and procedures therefore set out how people's health, safety and well-being will be safeguarded. This may be in relation to how to keep your workplace safe, how to maintain your own safety as well as that of individuals and others you work with, or knowing what to do in an emergency, such as a fire, at work.



Research it

1.2 Policies and procedures

Research what the Health and Safety at Work Act 1974 says about health and safety policies. You will find the link below to the Health and Safety Executive's website a useful source of information:

www.hse.gov.uk/legislation/hswa.htm

Explain in your own words the key points that a health and safety policy and procedure must include and the reasons why. You may find it useful to refer to your own work setting's health and safety policy and procedures.

An employer employing five or more employees is required to have a health and safety policy in writing that includes:

- a statement that indicates the policy's purpose, i.e. to provide a safe workplace
- who is responsible for the policy and for health and safety activities, i.e. the employer's, employees' and others' responsibilities
- the arrangements in place to achieve the policy's purpose, i.e. the health and safety procedures to follow.

The policy may also include procedures for identifying and reporting health and safety hazards, how to record and report accidents and incidents and the evacuation procedures to follow.

Health and safety policies and procedures are important because they:

- reinforce the importance of health and safety to everyone
- increase everyone's understanding of safe working practices
- reduce the occurrence of injuries, accidents and illnesses.



Reflect on it

1.2 Your setting's policies and procedures

Reflect on the consequences of not understanding the health and safety policies and procedures that are in place in the adult care setting where you work.

How could this affect your working practices? What impact could it also have on your colleagues? The individuals you provide care or support to? Those who visit the care setting?

Evidence opportunity

1.2 H&S policies and procedures agreed with the employer

Read a copy of the health and safety policy that is in place in the care setting where you work. Discuss with your manager or assessor how three main points that it explains are important in relation to health and safety. Make sure you also discuss procedures. (If you discuss this with your manager, you will need a witness testimony or voice recording to be used as evidence.) You could also provide a written account explaining the main points of health and safety policies and procedures agreed with your employer.

AC 1.3 Analyse the main health and safety responsibilities of: self, the employer or manager, others in the work setting

The health and safety policy and procedures in the care setting where you work are essential for ensuring that it is a safe place for you, your colleagues, the individuals you provide care or support to, their families, carers, advocates and any other visitors and contractors. Maintaining health and safety is therefore everyone's responsibility.

Your responsibilities

Under the Health and Safety at Work Act (HASAWA) 1974 you are responsible for the following:

- Taking reasonable care of your own and others' health and safety, for example by reporting any hazards that you see such as a wet floor that may lead to someone slipping over. This might also mean ensuring that your clothing and dress does not pose a danger: jewellery can pose hygiene concerns, for example.

By not reporting the hazards you see your actions may place others in danger; this will mean that you will not be fulfilling your responsibilities as a Lead Adult Care Worker or Lead Personal Assistant. It is important that you report hazards as soon as you identify them and that you are able to alert others to the dangers they pose so that they do not cause any harm to others.

- Taking reasonable care to not put yourself and others at risk, for example by not coming into work when you have the flu as this may lead to you spreading your illness to others. The individuals you provide care or support to may be frail and so this may lead to their conditions worsening.

By not being responsible and taking care of your own health you may inadvertently affect the health of others by spreading illness to colleagues or team members. Your actions have serious consequences because it may mean that they have to take time off work. This in turn means that there will be more pressure on the staff remaining in your work setting as they will have to cover for colleagues who are unwell; this may lead to them feeling stressed which can then impact on the quality of the service they provide to individuals they care for.

- Co-operating with your employer on all health and safety information, training and procedures to follow, for example by attending health and safety training and by wearing, using and disposing of protective clothing in line with your employer's agreed ways of working.

By not doing so you will not be fulfilling your duty of care to maintain your own health and safety as well as that of others. You will also not be complying with your employer's agreed ways of working which will mean that not only will you not be setting a good example to others in your team but you may also be in breach of your contract of employment which may ultimately lead to your dismissal.

- Understanding the meaning of safety signs and following these, for example if a contractor is carrying out some work in an area of the care setting and there is a 'do not enter' sign then you must respect this as not doing so may put you and others in danger.

Carrying out your responsibilities in this way is essential if you want to be a good role model for others in your team – if they see you complying with safety signs then it is likely they will do the same. Not doing so will mean that you and others will not be fulfilling your duty of care.

- Not misusing first aid facilities, for example not accessing these without authorisation or using the contents of the first aid box for other work activities, such as for crafts.

It is very important that you don't misuse first aid equipment because this may mean that in the event of a health emergency they will not be available to those who really need them. This could lead to a person's pain or distress being prolonged or, worse, having fatal consequences. For example, not having quick access to a dressing when someone is bleeding may mean that you cannot apply as much pressure to the area as you would like because you may have to use your hand instead.

- Using the welfare facilities provided, for example using the hand-washing and drying facilities.

These facilities are made available so that you and others are able to maintain good personal hygiene routines, thus minimising the spread of infection, and follow good practice when carrying out your duties and responsibilities. In [AC 4.4](#) you will have an opportunity to learn more about the recommended method for hand washing.

- Using equipment provided in accordance with instructions and training, for example ensuring the hoist is clean and in working order before using it and

ensuring it is returned to its storage area after use.

In this way you will be able to set a good example to others in ensuring that you do not spread infection between yourself and others. You will learn more about effective ways of working to reduce the spread of infection in [AC 4.1](#).

- Taking reasonable care that you follow safe working practices, for example by complying with all risk assessments in place, following your employer's agreed ways of working and not carrying out a task that you have not been trained to do.

Complying with all risk assessments in place will mean that you will be not placing any individuals or colleagues at risk by, for example, working in a way that is unsafe. Following your employer's agreed ways of working for health and safety will mean that you will be working in ways that are in line with your employment contract and organisation's requirements. By only carrying out tasks that you have been trained to do you will ensure that you are not placing yourself and others at risk of being harmed or injured.

- Reporting all accidents, injuries and diseases to your employer, for example by completing the accident book and/or incident form.

Not following reporting requirements will mean that your employer will not be aware of what has happened and therefore will be unable to put in place the necessary safeguards to prevent these accidents, injuries or diseases from occurring again. It is also a legal requirement for employers to keep a record of accidents, injuries and diseases that have occurred; not doing so may mean that you have acted unlawfully. This may put not only your job but also your career at risk.

- Informing your employer if your ability to work is affected. For example, you may be unwell and therefore unable to assist an individual to move, or you may be taking medication, meaning that you will not be able to operate moving and handling equipment such as a hoist.

Not communicating with your employer when you are unwell may mean that you may have an accident at work, for example while operating equipment such as a hoist. If you feel unwell while carrying out a moving and handling activity you could injure yourself or the individual, or a colleague if they are assisting you with the move.

You should remember that in addition to your responsibilities, you have employee rights. These include the right to receive health and safety equipment such as PPE to carry out your role, the right to work in a safe environment, and

the right to report any concerns you may have. These are examples, you can find out more information about your rights from organisations such as the HSE and from your contract of employment as well as directly from your employer or manager.



Reflect on it

1.3 Your responsibilities

Reflect on your health and safety responsibilities in the care setting where you work. Think about an occasion when you took care of your own and others' health and safety. What happened? What actions did you take? Why?

What might the consequences have been had you not taken those actions: for you, for others and for the setting where you work?

Your manager's or employer's responsibilities

Under the Health and Safety at Work Act (HASAWA) 1974 your manager or employer is responsible for the following:

- Providing a workplace that is safe for everyone, for example by ensuring that any hazards, such as a damaged wheelchair or a frayed carpet, are removed and replaced.

Not doing so may lead to others inadvertently using the wheelchair, this may then lead to the individual or your colleague being harmed. Similarly, not replacing the frayed carpet may lead to you or others tripping over it and being harmed.

- Ensuring the workplace is free from risks, for example by carrying out risk assessments to identify any risks and taking the necessary actions to reduce them, such as providing adequate lighting.

In this way there will be no areas that are poorly lit so the risk of individuals falling over or slipping is minimised, for example.

- Providing information, training and supervision around health and safety, for example by making health and safety policies and procedures and training available to employees.

In this way you and others will have received the necessary information and guidance about how to work in safe ways and follow good practice when

- carrying out work tasks, as well as how to support others to do the same.
- Providing safety signs, for example to alert employees that the floor may be slippery as it is being cleaned.

This type of equipment makes the work environment a safe place to work in. Your employer must provide you with training and guidance on the meaning of safety signs and why they are used.

- Providing adequate first aid facilities, for example a first aid box and a room for first aid.

First aid facilities are a legal requirement and a good way for ensuring that appropriate first aid treatment can be provided quickly in the event of an accident.

- Providing adequate welfare facilities, for example access to clean hand-washing facilities and a separate area where food and drinks can be prepared.

This ensures that you and others you work with can maintain good personal hygiene routines, thus minimising the spread of infection.

- Providing PPE free of charge, for example aprons and gloves.

In this way, you and others will be able to use PPE as and when you need to, for example when assisting individuals with their personal hygiene routine, handling used laundry or preparing food.

- Providing equipment free of charge, for example a hoist or a bed lift.

Along with the provision of equipment your employer will also provide you with training and guidance on how to operate each piece of equipment. You must only use equipment and show others how to use it if you have been trained in doing so yourself and are competent to do so.

- Assessing risks and taking precautions against risks of injury, for example assessing the risks of moving an individual from one position to another and taking the necessary precautions, such as using lifting equipment.

This will also form part of the risk assessment process that in your role as Lead Adult Care Worker or Lead Personal Assistant you will have an opportunity to contribute to. Remember that the Health and Safety Executive is the regulator whose aim is to prevent workplace injuries, deaths and illness by helping work settings to manage and control risks that arise.

- Reporting accidents, injuries, diseases and [dangerous occurrences](#) to the appropriate authority, for example the reporting of falls, fractures, [hepatitis C](#) (see page [126](#) for definitions) and the failure of equipment while being used,

such as a hoist.

In this way the occurrence of accidents, injuries and diseases can be monitored, and measures can be put in place to prevent them or stop them from recurring.

Employers have a responsibility to ensure all of the above. In addition, they should ensure that they report any accidents and incidents to the Health and Safety Executive (HSE). They must ensure that machinery and equipment are safe to use and that there are emergency procedures in place, for example evacuation procedures to follow in the event of a fire. They must also ensure that you do not come across anything that is detrimental to your health including substances or equipment that may pose dangers (electrical equipment for example), and that the environment that you work in is a safe one. These are just a few examples, your manager/employer will be able to provide a more comprehensive list.

Others' responsibilities

Under the Health and Safety at Work Act (HASAWA) 1974, [others](#) in the [work setting](#) are responsible for:



Research it

1.3 Training

Research the health and safety training that your employer has planned for you and the team, including the reasons why it is necessary. How and why will it be different from/similar to last year's training? Your manager will be a useful source of information.

What would be the consequences of not attending, or not complying with the training? If there are any aspects of the training you do not understand, what should you do?



Key terms

Dangerous occurrences are incidents that do not cause injury but have the potential to do so.

Hepatitis is the term used to describe inflammation of the liver; hepatitis C is caused by the hepatitis C virus. This is usually spread through blood-to-blood contact with an infected person.

Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.

Work settings may include one specific location or a range of locations, depending on the context of a particular work role, for example a domiciliary carer who may work in individuals' own homes and in residential care homes. See Unit 201, page 2 for definitions.

- Following safe health and safety practices, for example visitors may be required to wash their hands when entering the care setting as part of its infection control procedures, sign a register upon entering and leaving the building and comply with fire emergency procedures.

This may mean that if you see an individual's family member or a professional not washing their hands upon entering or not signing the register when entering or leaving you, you must ask them politely to do so. Explaining the reasons why you are asking them will not only enable them to understand why you are asking this of them, but will also show them that you are a competent professional who understands the importance of health and safety at work.

- Complying with health and safety procedures, for example not smoking on the care setting's premises and reporting any visible hazards that may pose a danger, such as a frayed carpet or a door that will not close.

For example, if you see an individual or a carer or advocate smoking then you must ask them not to do so, and explain your reasons why. You must also report this to your manager or employer so that this can be recorded and the situation monitored closely so that it does not happen again.

- Not misusing anything that is provided in relation to health and safety, for example the first aid box and the fire extinguishers.

If you do see a team member misuse fire or first aid equipment you must report this as soon as possible to your manager or employer so that they can speak to the team member about their actions and so that the item can be replaced if necessary.



Research it

1.3 Responsibilities

You will find it helpful to refer to the Health and Safety Executive's (HSE) website:

www.hse.gov.uk/workers

This includes links to information on:

- workers' rights and responsibilities
- employer's responsibilities.

Explore the differences between your employer's responsibilities and your own. What are the main differences and similarities? Why? Discuss with your manager or employer.

- Maintaining a safe environment, for example not entering a care setting if you are unwell and not behaving in an aggressive way towards the workers in the care setting.

Keeping the environment safe for you and everyone must be one of your main priorities and helping others to do the same will not only assist you in fulfilling your duties but will also mean that you will be leading by example in relation to practising in safe and non-aggressive ways.

What if you don't have policies and procedures in place?

If you work with an individual who uses direct payments and there are no formal policies and procedures in place then it is important to find out from your employer and/or their representative what is in place to ensure that your work environment is safe and how to ensure that you carry out your role safely.

Evidence opportunity

1.3 Health and safety responsibilities

Compare and contrast your responsibilities with those of your employer/manager and two others, and provide a written account.

For your analysis consider the similarities and differences that exist between your responsibilities and those of others, including the reasons why and the consequences of not following these.

If you are a lone worker, how would you and your employer share responsibility for health and safety? You might need to agree how to deal with different health and safety emergencies that may arise.



6Cs

Competence

You should feel able and confident to carry out health and safety tasks, such as moving and handling. You can only do so competently if you have received the necessary training, have understood how to carry out the task and are able to do so safely. You can only show others how to carry out health and safety tasks safely if you are practising safely yourself. How safe a practitioner are you?

AC 1.4 Identify specific tasks in the work setting that should not be carried out without special training

As part of your health and safety responsibilities there are some work tasks that require special training and must not be carried out until your employer has trained you to do so. It is the responsibility of your employer to provide you with the training for these tasks and it is your responsibility to attend this training and only agree to carry them out if you feel **competent** to do so.

As procedures change and evolve, you must ensure that you receive up-to-date training. You cannot simply trust the training you previously received to still be relevant. Instead, your employer should arrange for training to be in line with new procedures, legislation and regulations. Think about the General Data Protection Regulation (GDPR). As the Data Protection Act changed and the GDPR was introduced, employees across various companies and organisations received training sessions informing them of the changes they needed to be aware of.

[Figure 4.1](#) includes examples of some of these tasks.

Only carrying out health and safety tasks that you are competent in and have been trained to carry out is essential for:

- providing high-quality care or support, i.e. attending training means that you have kept your knowledge and practices up to date and based them on current health and safety legislation and your employer's agreed ways of working
- avoiding putting yourself and others at risk, for example ensuring that you only carry out moving and handling when you have been trained to do so will mean that you will use safe practices when moving an individual from one position to another thus reducing the risks to you (such as a back injury) and to the individual (such as a fall). Remember that this can be dangerous, so if there are any new procedures you have not received training in you must receive training in these, whether it involves equipment you have used before or not. See the legislation relating to the Manual Handling Operations Regulations 1992, Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 and Provision and Use of Work Equipment Regulations (PUWER) 1998 on pages [161](#)–[162](#).



Reflect on it

1.4 Training

Reflect on a task that you were required to carry out in the care setting where you work that required special training. What was it? Why did it require special training? Did you feel competent to carry it out? Why?



Figure 4.1 Health and safety tasks that should not be carried out without training

- carrying out your health and safety responsibilities competently – complying with the health and safety policy and procedures available in the care setting where you work means that you will be carrying out your job role and responsibilities to the best of your ability.

Tasks that you should not carry out without special training

Tasks that you should not carry out without special training may include those relating to:

Use of equipment

Using equipment such as moving and handling equipment requires special training. You must make sure that you receive training because not doing so may mean that you use the wrong type of equipment for an individual who wants to be hoisted from their bed to a chair. For example, using the wrong size sling may result in you injuring the individual or yourself.

First aid

You must never carry out first aid without having received training first because doing so may mean that you cause the individual unnecessary pain or harm. For example, if an individual has a broken limb it is important that you ensure they do not move the limb. If you are not aware of this you may not only cause the individual pain but could cause additional injuries.

Medication

You have a duty of care towards the individuals you provide care and support for. Administering medication is a highly skilled task because you need to know, for example, how it is administered correctly including any special precautions to take and any observations you may need to carry out. Administering medication without any special training may result in you administering medication to an individual ineffectively; this may have fatal consequences for the individual.

Health care procedures

Health care procedures such as changing used dressings, taking individuals' temperatures and blood pressure requires special training. You must not carry out health care procedures without training because doing so may result in an individual's blood pressure not being obtained or recorded correctly, for example. This may mean that an individual's condition deteriorates without you and/or others noticing.

Food handling and preparation

Handling and preparing food is a skilled task and must not be undertaken without special training as doing so may result in you causing individuals to fall ill. For example, providing individuals with food that has not been cooked to the right temperature could result in them being poisoned with harmful bacteria; this may lead to individuals becoming ill and may even lead to fatalities.

Evidence opportunity

1.4 Tasks that require special training

Discuss with a senior colleague or your assessor the range of health and safety tasks that you both carry out in the care setting where you work and that require special training. What differences were there between your health and safety responsibilities and those of your senior colleague? Write a self-reflective account of your findings.

LO2 Be able to carry out your responsibilities for health and safety

Getting started

Think about an occasion when you identified a hazard in the care setting where you work. This may have been in relation to unsafe practices or a high-risk activity. How did your employer manage this risk? What was your role? Did you access any additional support, if so, from whom, where and why? Why was it important that your employer's health and safety agreed ways of working were followed?

Reflect on the situation you described above. Looking back, would you do anything different next time?

AC 2.1 Use policies and procedures or other agreed ways of working that relate to health and safety

Employers' health and safety policies and procedures and agreed ways of working will vary across different adult care settings but they will all contain the same main points that detail what the policy is about and its purpose as well as the procedures to follow in practice. Below are some examples of some of the main points included in an adult care setting's policies and procedures; you will need to follow these when you use them as you will be observed doing so for this AC.

Moving and handling

Moving and handling policy: The purpose of this policy is to promote safe ways of moving and handling at work so that the risk of injury is reduced and to ensure that all employees follow agreed ways of working in line with legal requirements.

The work setting must be committed to ensuring that all moving and handling activities are carried out safely and that all employees receive training, instruction, support and guidance to be able to carry out all moving and handling activities competently.

This policy applies to all employees and sets out areas of responsibility for everyone including care workers, Lead Adult Care Workers, the manager and the chief executive e.g. care workers must attend moving and handling training, Lead Adult Care Workers must monitor work practices of care workers to ensure their safety and report any concerns to the manager, the manager must ensure risk assessments are carried out for all moving and handling tasks and the chief executive must ensure that all the moving and handling equipment that is required is bought for the setting.



Reflect on it

2.1 Agreed ways of working for moving and handling

Reflect on your employer's agreed ways of working for moving and handling. What procedures do you use in your work setting? How do these compare to the ones above? Why? Are there any individuals who have moving and handling guidelines specific to their needs? Why are these

necessary?

Moving and handling procedures: These procedures are for all employees and must only be used after a risk assessment has been completed with the individual and you have referenced the individual's moving and handling guidelines and plan of care.

For example, to assist an individual to stand up from sitting in a chair, you will need to refer to the individual's risk assessment to find out if the individual requires assistance to stand or can do so independently. If you want to enable the individual to safely stand independently, then ask the individual to move forward to the edge of the chair, place their feet apart, one foot in front of the other and their hands on the arms of the chair. Ask the individual to look ahead and to lean forwards and ask them to stand up on the command 'stand' (e.g. 'ready, steady, stand.'). If the individual requires assistance then you must position yourself on one side of the individual, facing towards their side. Then bend your knees and place your feet apart adopting a wide base with one foot level with the individual's feet. Place one hand on the small of the individual's back and the other hand on the individual's shoulder. Follow the process for assisting an individual who is independent and then on the word 'stand', transfer your weight from one leg to the other in the direction of the individual standing through your forearm so that you can assist the individual to stand safely.

Fire policy

The purpose of this policy is to prevent fires from happening and in the event that a fire does occur, to ensure that all employees know what to do and how to respond quickly and safely.



Research it

2.1 Fire safety procedures

Read through the fire safety procedures that you use in your work setting. If you work with individuals in their own homes, then compare these to a fire procedure used in a residential setting or vice versa. How do these compare and contrast? Why?

The organisation/setting where you work must be committed to ensuring that the risks of fires occurring are minimised and that all staff receive regular training in

what to do in the event of a fire.

Fire policy: The purpose of this policy is to prevent fires from happening and in the event that a fire does occur to ensure that all employees know what to do and how to respond quickly and safely.

The named fire officer, this may or may not be you, will be responsible for calling the fire brigade and liaising with them upon their arrival to ensure everyone can be accounted for. If you identify that someone is not accounted for then let the fire officer know.

Fire procedures: These procedures are for all employees. In the event of a fire or the fire alarm going off, or being triggered, staff must go to the nearest fire assembly point. Remain calm. When asked to evacuate, if possible assist others such as individuals, visitors, other staff. Do not re-enter the building once evacuated until you've been told it's safe to do so and do not stop to collect valuables and personal possessions.

First aid

First aid policy: The purpose of the policy is to be able to provide first aid support to a person who has been injured or become unwell.

The setting where you work must be committed to ensuring that qualified first aiders are able to attend all incidents quickly, provide support and take necessary actions.

First aid procedures: These procedures are for all employees, individuals and visitors. In the event of a minor injury, report it to a named first aider. Follow the first aider's advice. Record the minor injury in the accident book as soon as possible. The first aider will also report the accident to their manager or employer so that a risk assessment can be completed to find out why the accident occurred and how it can be prevented from happening again.

Evidence opportunity

2.1 Using policies and procedures that relate to health and safety

Think about an occasion when you had to refer to your employer's health and safety procedures or agreed ways of working. Why did you refer to these?

If you work in a setting, find a colleague who is working at the same level

as you and ask them to observe you carrying out a task using your setting's agreed ways of working/procedures in relation to health and safety. Ask your colleague whether they thought you practised in line with this. If not, ask them why. What improvements do you need to make to your practices? Do you think you're able to show others how to use policies and procedures and agreed ways of working in relation to health and safety? Arrange for your assessor to observe you or obtain a witness testimony from your manager or employer if you are a Lead Personal Assistant.

AC 2.2 Support others' understanding of health and safety and follow agreed safe practices

As a lead, your role will involve providing support to others and ensuring they follow safe working practices too; after all there is no point in you working safely and others not doing so. You will be observed supporting others to work in ways that are safe.



Reflect on it

2.2 Why accidents and illnesses occur

Reflect on the reason why accidents and illnesses may occur in your work setting. For example, it may be that the individuals you support have mobility difficulties and are prone to tripping and slipping; perhaps they have dementia and are therefore not aware of dangers in the environment; they have behaviours that challenge that can result in them injuring themselves and/or others.

You can support others by:

- **Empowering others:** providing others with information that they can understand in relation to health and safety so that they can take responsibility for their own health and safety. For example, an individual with a learning disability may require information to be produced using words and photographs; a team member may require you to explain aspects that they don't understand and how it will affect their practice; an individual's family member may have questions about how they can contribute to health and safety. Useful sources of information include the Health and Safety Executive (HSE), your employer, the named person responsible for health and safety in the setting where you work, and training courses.

It is important that you empower individuals by talking to them about health and safety, complete risk assessments for them and ensure that they understand how they can take responsibility for their own health and safety.

- **Recognising and taking action over unsafe practices:** supporting others in relation to health and safety will involve making them aware when they have not practised in a safe way so that they understand what they must do to take care of their own and others' health and safety. For example, you may see a

colleague not following an individual's guidelines when assisting them to use a hoist or a mobility aid – you must not ignore this. You must ask the colleague to stop and explain to them constructively why their practices are unsafe; you can do this by sitting down with them away from the individual and speaking to them about their actions and ways to improve how they practice. If you do this constructively, your colleague will listen to you and be committed to improving the way they work. They may also request that you supervise them so they can ensure they have understood how to practise safely.

- **Being a positive role model:** following safe health and safety practices yourself will encourage others to follow your lead. You can, if you are working alongside others, explain to them what practices you are following and expecting them to follow and the reasons why. This will help them to understand why they must work in safe ways and the consequences of not doing so.



Research it

2.2 Skills for supporting others

Research the skills that are required by lead practitioners such as yourself to support others to understand health and safety and follow agreed safe practices. You may find your manager or employer a useful source of information.

Assess the skills that you already have to support others and discuss your assessment with your manager or employer. Did they agree? Do you need to take any further action? Why?

Evidence opportunity

2.2 Supporting others' understanding of health and safety

Identify a team member or colleague who requires your support with following agreed safe practices. Ask your assessor to observe you providing this support.

You could also accompany the observation with a written account explaining how you support others' understanding of health and safety and follow agreed safe practices.

If you are a lone worker how would you explain health and safety to a family member visiting an individual? You might need to have a discussion with them or explain some current best practices such as in relation to hand washing and infection control, whereas in a residential setting you would not have to do this directly, you would report it to a more senior colleague or to your manager.

AC 2.3 Monitor potential health and safety risks

Monitoring risks

Monitoring risks is important because risks arise on a continuous basis and can change from hour to hour, day to day. You will be observed for this AC monitoring potential health and safety risks. **Monitoring risks** involves:

- **Keeping a close check on the environment**, the work activities you and others carry out, the equipment you and others use and the individuals you work with. For example, you may notice that a spillage of a hot drink has occurred in the corridor, the brakes on an individual's wheelchair are not working, an individual's family member becomes unwell or a contractor has a fall. Make sure that you are aware of the different hazards where you work. This will include environmental hazards such as a torn carpet; hazards posed by those you work with, such as individuals who may display behaviours that challenge or those visiting the setting; or hazards posed by the equipment you use being faulty or damaged.
- **Taking action so that any risks identified can be dealt with quickly.** You will learn more about reporting the risks you've identified on pages [133–134](#). Doing nothing is not an option.
- **Reviewing actions agreed so that you and others can ensure that the methods you have agreed on are working effectively.** If they are not then you can always change them, but you can only do this if you know they are not working! For example, you may have agreed with your employer that when an individual you work with displays behaviours that challenge towards others you will assist the individual to his room where he can calm down. However, when reviewing these actions if you find that the individual is taking longer and longer to calm down when going to his room or is attempting to self-harm then you and your employer will have to find other ways of managing this situation. For example, perhaps one of you can sit with him until he calms down or perhaps he may benefit from going for a walk.



Reflect on it

2.3 How you monitor risks at work

Reflect on how you monitor risks at work. Think about a situation that changed and that required you and others to change your ways of working.

How effective was your monitoring of this situation? Are there any improvements that could be made should this situation arise again?

Assessing health and safety risks

Assessing health and safety risks forms part of the responsibilities that you and your employer have in the care setting where you work. This process is commonly referred to as risk assessment. Risk assessment is a requirement of the Management of Health and Safety at Work Regulations 1999. The risk assessment process involves five steps, as shown in [Figure 4.2](#).

In addition to the points mentioned in [Figure 4.2](#), when carrying out a risk assessment, remember to question what the purpose of the risk assessment is, who will undertake it, who is at risk, what it is that you should be assessing and when this should be done. You should also consider what the potential benefits of taking the risk are. These are all important considerations to take into account.

Assessing health and safety risks (such as those you learned about that are posed by your work setting, situations or particular activities), is very important because it is part of the provision of good care. It shows that you want to make a positive difference to individuals' lives by ensuring their safety at all times.

Assessing health and safety risks is also important because it:

- **protects the safety of everyone**, i.e. to prevent you, your colleagues, the individuals you provide care or support to and others who visit, from being placed in danger, harmed or becoming unwell

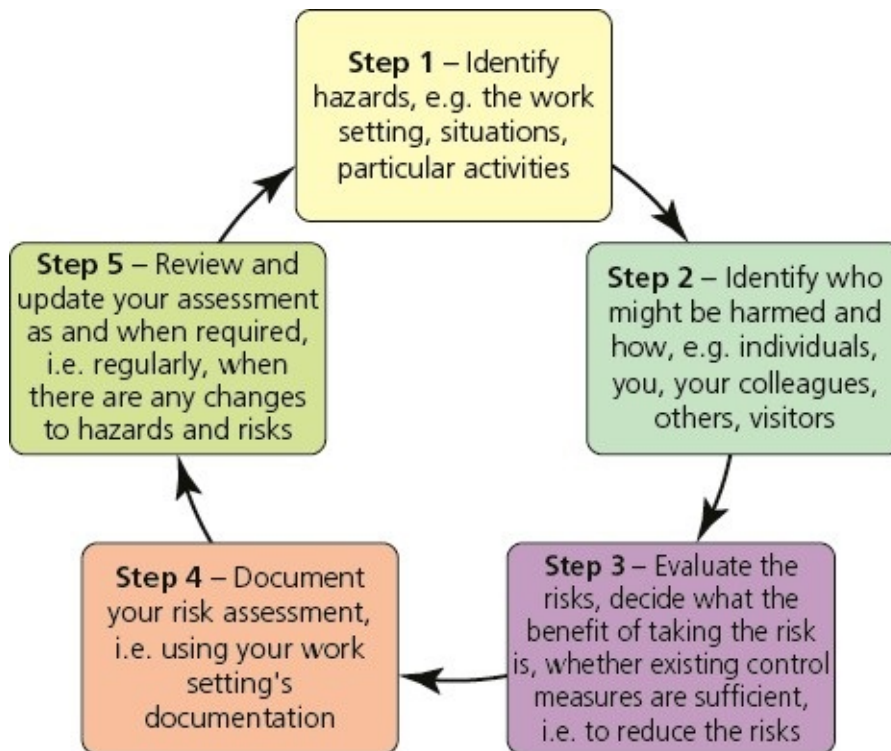


Figure 4.2 Assessing health and safety risks



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Care

Care, in this section, refers to showing that in your day-to-day responsibilities you are maintaining your responsibility to protect individuals from any dangers or harmful situations that may arise. (The risk assessment process is part of this.) You can show you are doing this by co-operating with your employer when the risk assessment process is being carried out.

- **enables potential and actual dangers to be identified as well as their associated risks.** This enables you to decide on the measures that are needed to either eliminate or reduce risks that could be dangerous, harmful or cause illness
- **enables your employer, and you and your colleagues as employees, to comply with the health and safety legislation that is in place,** for example the Health and Safety at Work Act (HASAWA) 1974 and the Management of Health and Safety at Work Regulations (MHSWR) 1999.

Once the risks have been assessed, your setting/employer will need to make sure that they put measures in place to control and reduce these risks. This may include making sure that there are policies in place if a spillage has occurred, or training is given to employees. If you are working in someone's home, then it may be that you can merely advise them about hazards and risks rather than actually make changes to their home.

Go to [AC 2.4](#) for information on using health and safety risk assessments.

Reporting risks

Sometimes you may not be able to effectively deal with a risk you have identified. This may be because you have never dealt with the type of risk before and therefore do not feel competent to do so, it may be because the actions you have agreed with your manager or employer have not been effective or because the situation has changed. In these situations, it is always best to report this immediately to your manager or employer who will be able to take the necessary action. For example, you may have identified that the garden is very uneven and likely to cause individuals to trip or that an individual's mobility aid is no longer working.

Reporting risks involves:

- **Reporting them immediately to your manager or employer.** You will need to explain what the risk is and the danger(s) it poses. It is also a good idea to discuss the actions you have taken already and whether they were effective or not; this includes whether you have made the area safe in the meantime. For example, in the event of the garden being uneven, you could lock the doors that lead out to the garden and put a notice on them to explain why they are locked. In the case of the individual's faulty mobility aid, you could place it in a safe storage area with a label on explaining why it is not to be used; you should also explain the situation to the individual and to others in the team who may want to use it.
- **Recording the risk fully.** Your work setting will have specific ways of recording risks – there may be a specific form to use or a Word file to access and complete. Whatever method you use to record the risks you have identified you must record them clearly, identifying what they are, the date and time you noticed them on, the potential dangers they may cause and the actions you took when you identified the risks as being a danger. It is important to record all these details fully because this will be a permanent record that may be reviewed at a later date and referred to for information, for example by the HSE, if your employer is required to report it to them. You will

learn more about recording fully and accurately and reporting in [Unit 304](#) Promote effective handling of information in care settings, and in [AC 2.5](#) of this unit. Remember to consider confidentiality when recording details. Your setting will have policies and procedures for recording and reporting (e.g. whether this is in a risk assessment book) that you will need to know.

Risk assessment record					
Date of risk assessment: 27/01/18					
What is the hazard?	Who might be harmed and how?	What is being done to control this risk?	Who needs to take these actions?	When do these actions need to be taken?	Have these actions been completed?
The front door of the care home does not lock securely consistently.	J has dementia and may leave the care home with no one noticing. Staff and individuals could be harmed if an intruder gains access to the home. Individuals' and staff's possessions may be stolen and/or damaged if an intruder gains access to the home.	The contractor has been contacted and will be arriving to repair the door within the next three hours. In the meantime, members of staff are taking it in turns to keep the front door secure by remaining in the hallway at all times.	The manager has phoned the contractor the care home uses. All staff members are to monitor the security of the care home.	Immediately and until the contractor has repaired the front door.	Yes: Signed (manager): Date: No: Are any further actions needed? If so, by whom? If so, when?

Figure 4.3 Recording the health and safety risks that have been identified



Research it

2.3 Reportable injuries and diseases

Although we are discussing risks here, remember that the reporting of accidents, injuries, diseases and dangerous occurrences is a legal

requirement. See [AC 1.1](#) and [2.5](#) for information on RIDDOR 2013.

Find out which injuries, diseases and dangerous occurrences are reportable. You may find it useful to look at the Health and Safety (HSE) website and the section on RIDDOR:

www.hse.gov.uk/riddor

Do you know how to record and report these? For example, do you know where the accident report book is kept and what you will need to record? Do you know who to go to when reporting these?

Evidence opportunity

2.3 Monitor potential health and safety risks

With your manager, employer or assessor, complete a walk around of an area where you work and where you have identified potential health and safety risks. Review the risks you identified (you will need your previous recordings of these to help you). Discuss: has anything changed? If so what? Does this alter the risks originally identified?

AC 2.4 Use risk assessment in relation to health and safety

Taking risks is not easy but this should not prevent you from doing what you want to do. Taking risks is part of everyday life and when risks are taken in a positive manner they can bring about many benefits. An essential part of the health and safety responsibilities you and all those in the care setting where you work have involves being aware of how hazards and risks can occur.

Hazards

Hazards are dangers that have the potential to cause harm, i.e. they can be items in the work setting or situations or particular activities that may be the cause of accidents, injuries, ill health, deaths or damage.

Work setting

Hazards in the work setting can include the following:

- Wheelchairs, if not stored away securely when not in use, can be trip hazards.
- Walking aids, if not checked to be safe to use, can lead to individuals falling over.
- Broken furniture, if not replaced or fixed, can lead to individuals injuring themselves.

Situations

Situations in the work setting that pose dangers include the following:

- An individual becomes distressed and throws a chair at a window that results in it being broken.
- An adult care worker forgets to wipe a spillage clean on the floor resulting in their colleague slipping over and hurting their back.
- A visitor leaves their bag in the middle of the hallway resulting in an individual tripping over and fracturing their leg.

Particular activities

Activities can also pose dangers. These can include the following:

- An adult care worker who cleans the floor and then forgets to lock the detergent away securely after use. This could lead to it being swallowed accidentally by a child visiting an individual at home.
- Supporting an individual with their personal hygiene requires the effective

wearing, use and disposal of PPE such as an apron and gloves, not doing so can lead to contact with body fluids that can spread illness and result in ill health.

- An adult care worker who does not follow an individual's moving and handling guidelines could cause an injury to themselves and the individual they are supporting.

Risks

Risks are the likelihood of harm occurring as a result of a hazard. The risks may be high, medium or low in terms of their likelihood of occurring and their impact on you, the individuals and others you work with. For example:

- There may be a high risk of a broken chair in the lounge causing an injury to anyone who sits on it if it is not removed immediately.
- There may be a medium risk when moving an individual from their bed to their chair with one adult care worker supporting as the individual is a little unsteady on their feet; two adult care workers may be required to avoid any accidents from happening.
- There may be a low risk of an individual who prepares their own meal in the evening forgetting to turn off the oven after they have used it.



Research it

2.4 Common hazards

Research the common hazards that are posed by adult care settings. You can base your research on the care setting where you work. You may also find the HSE's information page, 'Sensible risk assessment in care settings' a useful source of information:

www.hse.gov.uk/healthservices/sensible-risk-assessment-care-settings.htm

Also research some of the regulations that require risks to be assessed. These include the Noise at Work Regulations 1989 and Control of Asbestos at Work Regulations 2002. Some are also mentioned in [AC 1.1](#) on page [120](#) (Personal Protective Equipment at Work Regulations 1992 and Control of Substances Hazardous to Health Regulations 2002). What other regulations can you find out about that require risk assessments to be carried out? How do these relate to you? Write notes on what you find.

How risk assessment can help address dilemmas between rights and health and safety

Risk assessment is, as you know, essential for protecting everyone's safety. However, in adult care settings it can also be a useful process for helping to ensure that individuals' rights to be in control of their lives are supported alongside you and your employer's responsibilities to ensure their safety. Supporting an individual's rights against health and safety risks is a dilemma all too often faced by adult care workers because good care and support involves supporting individuals to make their own decisions, including taking risks, but it also involves protecting individuals' safety.

Ultimately, measures to protect people's safety may affect or change the way that they live. For example, an elderly person with mobility issues may not want to have a stair lift installed in their home because of the way it will affect the layout of their home, and they have a right over how their home should look. However, this poses a safety issue as climbing and coming down stairs may be dangerous for them. Another example may be if an individual has been abusive to their family and poses a threat to their safety. In all cases, a risk assessment will be carried out and measures put in place to manage those risks.

Risk assessment can help address dilemmas between individuals' rights and health and safety risks. You can do this by:

- encouraging individuals and adult care workers to talk about the dilemmas and what can be done to address them
- supporting individuals to understand what dangers there are and how these can be balanced against their preferences. Sometimes all you may be able to do is advise them on the best course of action
- making positive decisions with individuals about taking risks.

A risk assessment could be used to address the following examples of dilemmas that may arise in an adult care setting.

- Two people with learning disabilities wish to have a romantic relationship. You could have a discussion with each individual about their wishes, including what type of relationship, if any, they would like to have and their understanding of what this may involve. For example, you could discuss the benefits as well as the risks of relationships with others. You could explore the rights of both individuals with each of them; both individuals, for example, have a right to have a relationship and to also refuse to be in a relationship.

You could all make a decision that balances the safety and rights of both individuals.

- An individual who is experiencing difficulties with their mobility due to gaining weight wishes to have two desserts rather than one every lunch time. You could explore the impact this will have on the individual's weight and mobility and on the additional support needed from staff. This will need to be discussed in a compassionate way as it is a sensitive issue. You could also discuss the individual's wishes to lose weight and to be more mobile. You could also discuss how this makes them feel. You can then support the individual to make their own decision after balancing the risks to their health and well-being against their preferences.
- An individual who has recently moved into a care home wishes to bring with them three large items of furniture and have these placed in their room. The care home manager is concerned that doing so will mean there will be very little space for the individual and staff to move around in her room which in turn may lead to injuries or falls. You could discuss the dangers of doing so with the individual and also discuss the staff's wishes to ensure the safety of everyone. A decision could be made that balances the safety and rights of both, such as agreeing with the individual for one item of furniture to be placed in her room and for the other two items to be placed in a communal area in the home.



Reflect on it

2.4 Concerns

Reflect on how you would feel if someone had concerns over your safety in relation to you carrying out an activity that you wanted to do. Would you see this as a positive or negative? Why?

A positive risk assessment process, if done well, can be a very effective way of addressing the dilemmas that may arise between people's rights and their ability to live safely.

The benefits of positive risk taking for those not in residential care

Positive risk taking also benefits individuals who live in their own homes and who access community-based services because it means that these individuals will feel more confident in themselves in terms of their abilities and potential.

This in turn will mean that these individuals will develop their resilience and become more independent in their thinking when making decisions about their own lives.

The risk assessment process

Risk assessment processes involve the five key steps listed below.

- 1** Identify the hazards of an area (such as a kitchen) or a work task (such as assisting an individual to move from one position to another).
- 2** Identify those who may be harmed by the hazards (individuals, you or your colleagues or visitors).
- 3** Evaluate the risk by deciding whether it is a high, medium or low risk. Then evaluate how the risks can be controlled or reduced.
- 4** Record the risk assessment to ensure there is a written record of the risks identified and the methods that have been agreed to control or reduce them, so that this can be referenced by all those involved.
- 5** Review and update the risk assessment to ensure any changes to the level of risk or hazards identified in an area, or work task, are recorded and updated. This means that the risk assessment is an accurate record that can be referenced and used by all those involved.

Risk assessments in reablement practice

Reablement is an approach that is different to the provision of traditional care at home because it enables individuals to do things for themselves by supporting them to regain their independence. It is an approach that not only identifies the individual's strengths and areas for development but also finds out from the individual what their hopes are. It is an approach that provides holistic support to individuals so that they can re-learn how to do things for themselves; the process takes place with the individual. For example, an individual may have stopped making their own hot drinks because the last time they did they had a fall. Now they fear that they will have another fall, so they have been relying on family members to make drinks since their fall. A reablement risk assessment will identify with the individual the benefits of them making their own hot drinks. For example, they can make them as often as they want, it gives them a reason to move around and therefore maintain their mobility, and they could make drinks for their visitors.

The risk assessment will also consider the individual's overall well-being; for example, an individual's mental and emotional health may be improved by referring them to their GP for counselling, this may be to help them manage their

fear of falling again. Other practical ways of managing the risk of falling can also be discussed with the individual, such as using a kettle tipper to avoid the individual losing their balance when pouring hot water from the kettle, and placing their drink on a walker tray for safety. The individual will be provided with support to use these aids and both you and they will monitor what worked and what didn't. The situation can be assessed again until the individual has reached their goal to make their own drink.



6Cs

Compassion

Compassionately discussing a sensitive issue with an individual involves showing that you care about them and how they are feeling. You can show this by being aware of your body language: are you, for example, leaning towards them when speaking to them? The tone of your voice: is it gentle and polite? What you say: are you using kind and thoughtful words?

Using health and safety risk assessments

There is no point in having a risk assessment in place if you do not use it and for this AC you will be observed using a risk assessment. In order to use a risk assessment effectively you must be able to know where to find it, understand the information it includes and know how to put it into practice. For example, this may be in relation to a specific individual you work with or a work task you carry out. For example:

- **An individual:** An individual with mental health needs who lives on their own and does not have capacity wishes to smoke in bed before going to sleep. A risk assessment is in place because the individual also takes sleeping tablets before going to bed and there is a risk that the individual may fall asleep while smoking in bed, which may lead to a fire and have fatal consequences. The risk of this occurring has been assessed as high. The risk has been explained to the individual but at times the individual's desire to smoke overrides their concern for their safety. In order to reduce the risk, it has been agreed with the individual that no cigarettes will be left in the house with the individual on their own – as the carer buys the cigarettes with the individual's shopping, the individual will only smoke in the presence of the carer in the evening before they complete their visit. It has been agreed with the individual that this will be monitored closely and reviewed every two weeks to ensure that the individual

is still happy with these arrangements.

- **A specific work task:** The main front door of a residential care setting has a password code that is used by staff to open it. One of the residents found out the password by observing staff and visitors entering and leaving the building. The individual has dementia and used the password to let themselves out of the building, and a member of staff found the individual walking along the main road. A risk assessment was developed because of the risk this poses not only to this individual but also to others in relation to them leaving the building without being supported by staff. As there is a busy main road nearby this may result in an individual being injured as they may be unaware of the dangers of fast moving traffic. There is a risk of them becoming disorientated and getting lost; another risk could be from the general public who may identify the individual as vulnerable and exploit them or take advantage of them. The risk assessment means that a new password code is being used and all staff have been made aware not to show it to others and to be vigilant when using it to ensure no one else can see it. For additional security the password will be changed every week. In relation to the individual who wanted to go out, their advocate and family members were informed of the incident and together they have agreed to take it in turns to assist the individual to go out so that their need to socialise with others, go shopping and go out for walks can be fulfilled in a manner that is safe and does not put the individual in any danger. It has been agreed that these actions will be monitored and the outcomes reviewed within two weeks to ensure their effectiveness.



Reflect on it

2.4 Consequences of not assessing risks

Reflect on the consequences if risks in your work setting were not being assessed. How could this impact on your work activities? On the well-being of the individuals you provide care or support to? On working as a team?

Evidence opportunity

2.4 Risk assessment in relation to health and safety

You will be observed using risk assessment in relation to health and safety. Before you do so, find a risk assessment that is in place for an individual

you work with or for an activity you complete. Where did you find it? Why is it important that you make reference to it? Before using it, discuss it with your colleague and ensure you explain the following: its purpose, what the risk is, who has assessed the risk, what actions have been agreed and why, and how effective it is. Now use the risk assessment in relation to a health and safety task; ask the person observing you to provide you with feedback afterwards.

AC 2.5 Minimise potential risks and hazards

Identifying health and safety hazards and associated risks on their own is not sufficient for protecting the safety of everyone in your work setting. All identified health and safety risks must also be reported so that they can be eliminated or minimised and not continue to pose a danger to those who may be affected by them. It is one of your responsibilities as a care worker to report any unsafe situation or anything that poses a risk.

The health and safety policy in the care setting where you work will include information and guidance about how and when to report potential health and safety risks that you have identified or that others, such as individuals or visitors, have reported to you.

You must report potential health and safety risks as soon as you have identified them or others have told you about them. Not doing so may result in others being put in further danger or harmed. In the first instance you should report these to your manager. Your manager will then guide you to ensure that the risk poses no further danger or harm and show you how to record the risks you have identified.

[Figure 4.3](#) shows an example of how to report in writing the health and safety risks you have identified. What documents do you use in your work setting?

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (amended 2008) mean that you are legally required to report such concerns. You can report any health and safety concerns you have directly to the Health and Safety Executive (HSE). Your manager will need to report these, as well as deaths, to the HSE; your local authority's environmental health department for food hygiene concerns; the Care Quality Commission for failures in individuals' care. These will be recorded and tracked so that if there are regular occurrences of such incidents, they can be acted upon. If it is found that these are occurring on a large scale across the country, it can become an issue for government to deal with.



Reflect on it

2.5 Reporting risks

Research the procedures that you are expected to follow for reporting health

and safety risks that have been identified in the care setting where you work. Confirm your understanding of these with your manager. Write a short reflective account.



Research it

2.5, 1.1 RIDDOR

Research what the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 says about the reporting and recording of work-related accidents that cause death and serious injuries (referred to as reportable injuries), diseases and dangerous occurrences (i.e. incidents with the potential to cause harm).

You will find the link below to the HSE's information page on their website, RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, a useful source of information:

www.hse.gov.uk/riddor

Discuss your findings with a colleague. Explain to your assessor some examples of how you have minimised potential health and safety risks.

Minimising potential risks and hazards

Being able to minimise potential risks and hazards means that, as a Lead Adult Care Worker or Lead Personal Assistant, not only will you need to be aware of your own practices but also those of others and the work environment that you and others work in. It is important that you are able to do this because you will be observed minimising potential health and safety risks so that you and others can take the necessary actions to prevent them from becoming a danger. You can minimise potential risks and hazards by:

Ensuring a safe environment: as part of your work role you may need to complete regular health and safety checks. For example, you may be required to walk around the premises and do visual checks of every area. For example, in the bathroom – are there any slippery floors? In the kitchen – are there any electrical appliances that have not been checked for safety? In the hallway – are there any loose rugs? On the stairs – is there any loose carpet? Corridors – are there any items blocking the walk-through areas? In this way you will be showing your vigilance and ensuring that all areas are kept safe for you and

everyone else who uses them.

Following safe practices: as part of your work role you must also know what to do when you have identified any potential risks so that you can prevent them posing any dangers to others. As well as recording them and reporting them to your manager and employer there are other specific actions you can take. For example, if you see a slippery floor in the bathroom ensure you wipe it dry and consider whether a different type of floor covering may be more appropriate, such as one that is non-slippery and designed especially for bathrooms, or perhaps a non-slippery bath mat is needed. If there is an electrical appliance in the kitchen that hasn't been safety tested, find out why, report it immediately and remove it from the area so it cannot be used by others who may result in being injured. You will also need to place the appliance in a safe storage area and put a label on it to warn others of the danger and to ensure it is not used.

Evidence opportunity

2.5 Minimise potential risks

You will be observed minimising potential risks and hazards.

Discuss with your assessor how you minimise potential health and safety risks in your work setting. Obtain feedback from your manager about the skills and knowledge you demonstrated in relation to how you minimise risks. What areas did you do well in? Why? What areas do you need to further improve on? Why?

AC 2.6 Access additional support or information relating to health and safety

There may be occasions when you are carrying out your health and safety responsibilities and you are unsure about whether you are carrying out a task correctly or understood the health and safety procedures relating to the task. This might be something as simple as knowing the technique to use when washing and drying your hands or how to dispose of your apron and gloves safely after use. In these situations it is important that you are able to access further support and information so that you can continue to carry out your health and safety responsibilities effectively.

For this AC you will be observed in your work practices doing this. You have already learned about some useful sources of information, such as health and safety legislation and the policies and procedures of the care setting where you work. There are many more sources of support and information available to you both within and outside the care setting where you work.

Sources of support and information

- Your manager can be a valuable source of support and information in terms of providing you with guidance and information to ensure you understand how to comply with the work setting's agreed ways of working. For example, this could be in relation to knowing what to do in the event of a fire in the work setting. You will learn more about fire safety procedures in LO7.
- Your colleagues can also provide you with support, particularly in relation to supporting you to follow best practice when carrying out health and safety tasks. They may also provide you with information and show you how to use safe techniques. For example, this could be in relation to carrying out health and safety checks such as checking that windows are secure and smoke alarms are in working order.
- Your [trade union representative](#) will be able to provide you with support and information if you have any health and safety concerns. For example, in relation to observing unsafe practices in your work setting or not feeling competent to carry out a work task that you have been trained to carry out.
- Your [health and safety officer](#) in the care setting where you work (this may be your manager or another senior member of staff) can provide you with useful and relevant information and training. For example, this could be in relation to changes to health and safety legislation and their impact on your

working practices.

- The Health and Safety Executive (HSE) provides useful publications about maintaining health and safety in health and social care settings.
- The Care Quality Commission (CQC) provides useful information about the health and safety standards that are expected in adult care settings.
- [Sector Skills Councils](#), such as Skills for Care and Skills for Health, provide useful information about maintaining good quality, safe working practices and also the standards that are expected from the adult care sector's workforce, i.e. the Care Certificate.
- Additional information sources can include books and journals.

Accessing additional support and information

When you access additional support and information relating to health and safety you need to think about the following:

- What do my work setting's procedures say about accessing support and information in relation to health and safety?
- Which sources are available to me in my work setting? What process must I follow and why? In what situations can I access these?



Reflect on it

2.6 Additional support

Reflect on an occasion when you or one of your colleagues accessed additional support in relation to health and safety. Why was this necessary? What was the outcome?



Key terms

A **trade union representative** is a member of an organised group of workers who speaks up for the rights and interests of the employees of an organisation, for example in relation to safe working conditions.

A **health and safety officer** is a named person in an organisation who is responsible for overseeing all health and safety matters, for example reviewing health and safety procedures and investigating accidents at work.

Sector Skills Councils are organisations led by and for specific employment sectors, for example Skills for Care for the adult social care workforce and Skills for Health for the healthcare workforce.



Research it

2.6 Support and information

Research the roles of two organisations that you can access for additional support and information. Write down your findings.

- Which sources are available to me outside of my work setting? What process must I follow and why? In what situations can I access these?

In most care settings, you would approach your manager or health and safety officer in the first instance. You can do this formally during supervision with your manager or informally, through discussion for example. This could be a good opportunity to refer to [Unit 301](#), Promote personal development in care settings, and read about sources of support that are available for personal development where you work.

Evidence opportunity

2.6, 1.4 Accessing additional support and information

Select a task that you must not carry out in your work setting without special training. Think about an aspect of this work task that you will need to access additional support or information. Follow the procedure in your work setting and do so. Did you ask your employer or your manager? Why? Ask your manager/employer for their feedback on the process you followed for seeking their support or information from them. Did you follow your employer's agreed ways of working? Are there any areas for improvement?

LO3 Understand procedures for responding to accidents and sudden illness

Getting started

Think about an occasion when you or someone you know became unwell or had an accident. Discuss what happened. Why do you think the illness/accident happened? Could anything have been done to prevent it from happening? What treatment was provided? Who provided it? When? Why?

AC 3.1 Describe different types of accidents and sudden illnesses that may occur in your work setting

Accidents and **sudden illnesses** (see page 142 for definitions) may occur when both hazards and risks have or have not been identified or minimised through the risk assessment process.

In work settings, accidents and sudden illnesses can happen and can range from being relatively minor to very serious. In adult care settings, there are some types of accidents and sudden illnesses that occur more frequently than in other work settings because of the work activities that adult care workers carry out on a day-to-day basis. These include supporting individuals with care tasks including eating, drinking, personal care and moving and positioning individuals, as well as supporting individuals who may have conditions that affect their physical and mental health. The statistics below from the Health and Safety Executive (HSE) illustrate the more common types of accidents and illnesses relating to care workers in adult care settings.



Key terms

Accidents are unexpected events that cause damage or injury, for example, a fall.

Sudden illnesses are unexpected medical conditions.

The HSE reports that each year for the health and social care sector:

- 5 per cent of workers suffer from an illness they believe to be work-related – of the illnesses reported, 44 per cent are stress, depression or anxiety, 37 per cent are musculoskeletal disorders and 19 per cent are other illnesses
- 2 per cent of workers sustain a work-related injury – of the non-fatal accidents reported by employers in 2015/16, 27 per cent are slips, trips and falls, 25 per cent are lifting and handling and 21 per cent are physical assault.

Source: *Health and Safety Executive (2016) 'Statistics for the Health and Social Care sector'*

Common types of accidents in adult care settings

- **Slips, trips and falls:** slips, trips and falls may be caused by hazards in the work setting that have not been identified or assessed correctly or because

individuals with care or support needs are more susceptible to having accidents if, for example, they have sight loss or difficulties with their mobility. These types of accidents may lead to fractures, back injuries, cuts, bruises and bleeding.

- **Lifting and handling:** lifting and handling in adult care settings may involve both supporting individuals with moving and positioning as well as moving items or equipment such as hoists, beds, wheelchairs and furniture, for example when cleaning. If you do not follow your agreed ways of working you may injure your back or cause an individual to fall. You will learn more about safe practices for moving and handling items and equipment in LO5. Equipment may also cause injuries, for example scalds and burns may occur due to electrical equipment; choking may also occur.
- **Physical assault:** physical assault is more commonly experienced by workers in the health and social care sector than by workers in other sectors and can be the cause of [stress](#) as well as physical injuries. Physical assault may result because of the needs of an individual whose behaviour challenges, medical conditions or frustration with not having their care or support needs met.



Reflect on it

3.1 HSE statistics

Reflect on the statistics reported by the HSE above. Did any surprise you? Why? Were there any that you were expecting to see? Why? How did your current knowledge compare to this?

Common types of illnesses in adult care settings

- **Stress, depression and anxiety:** working long shifts, providing support to meet the needs of an individual whose behaviour challenges, such as an individual with mental health needs or dementia on a day-to-day basis, can lead to adult care workers being placed under additional stress. If this is left untreated then it can lead to individuals feeling low in themselves and even to the development of [depression](#) and [anxiety](#). See [AC 9.1](#) for more information on stress.
- **Musculoskeletal disorders:** poor working practices when supporting individuals to move from one position to another, such as over-stretching and lifting, can lead to repetitive strain being placed on the back, arms and legs, which can result in disorders that cause pain and restrict the body's

movements.

- **Other illnesses:** medical conditions, such as type 2 [diabetes](#), [asthma](#) or [heart disease](#) can be the cause of sudden illnesses. For example, diabetes can lead to a diabetic coma where the individual loses consciousness, asthma can lead to severe breathing difficulties and heart disease to a heart attack or cardiac arrest. Epilepsy can lead to seizures. Poor working practices, such as lack of good hygiene, may lead to the spread of infections and illnesses such as food poisoning. You will learn more about how to reduce the spread of infections in LO4.



Research it

3.1 Diabetes

Research the 'BIG 3 signs of diabetes'. Write down your findings.

You will find it useful to visit the Diabetes.co.uk website for more information on the big three signs of diabetes.

Would you know what to do if an individual with diabetes became unwell? Does your employer have a policy in place for dealing with medical emergencies? If so, what is it?



Key terms

Depression is a medical condition causing low mood that affects your thoughts and feelings. It can range from mild to severe but usually lasts for a long time and affects your day-to-day living.

Anxiety is a feeling of fear or worry that may be mild or serious and can lead to physical symptoms such as shakiness.

Diabetes is a health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

Asthma is a lung condition that causes breathing difficulties that can range from mild to severe.

Heart disease is a condition that affects your heart and can lead to mild chest pain or a heart attack.

Evidence opportunity

3.1 Accidents and sudden illnesses

How many different types of accidents and sudden illnesses do you know about that have occurred where you work, or may occur? Produce a written account describing these. What do you think were the causes? Discuss them with your assessor or manager and record the conversation (if you can) or obtain a witness testimony from them.

Now reflect on the illnesses that you know have been experienced by the individuals and staff in your work setting. How many different types were there? Do you know their causes? Discuss them with your assessor or manager, as above.

If you are a lone worker, how would you keep a record of the different types of accidents and illnesses that have occurred and why? You might need to record these in an individual's care plan and in a separate section, whereas in a residential setting you may have to record accidents and illnesses that have occurred in an accident book, for example, or using specific documents.

AC 3.2 Explain procedures to be followed if an accident or sudden illness should occur

When an accident or sudden illness occurs in a work setting everyone has a role to play and that includes you! Providing first aid, as you have learned, is a task that cannot be carried out without special training. Therefore, it is important that if you have not been trained in first aid that you do not provide first aid treatment to a person who has had an accident or sudden illness in your work setting.

Doing so may have serious consequences because you may cause the person further pain or discomfort and may make the situation worse. You will also not be complying with your own work setting's agreed ways of working and so you may be disciplined by your employer.

If you work in a residential care home, then it is unlikely you will have to take the lead in a health emergency as you will be working as part of a team; instead you may need to seek assistance from a more senior colleague who is a trained first aider. If, however, you are working on your own as a personal assistant with an individual who lives in their own home then it is likely that as well as seeking help from emergency services you will need to take action yourself. However, you will need to ensure that you have received the relevant training.

Just because you are not a trained first aider does not mean that you cannot play an important role in providing assistance when an accident or sudden illness has occurred by following your work setting's procedures.

Provide assistance and reassurance

You can provide the casualty with support; kind words and reassurance are in high demand when you are in pain. Remember what you have learned about person-centred care and ensure that you listen to the individual and do what you can to respect their privacy. It may be that they do not want others to see them in this way, and so you could find a way to ensure that others do not come near the scene. Of course, dealing with the situation first is key.

Working in this way will ensure that you are fulfilling your duty of care and respecting individuals' rights. Being considerate towards individuals and others will help to calm the situation down and will mean that you will be able to act professionally and competently.

Call for help

Do this as quickly as you can because not doing so may mean that the person's

condition worsens because they have not had access to medical help. This may mean calling 999 for an ambulance or paramedic, or locating a qualified person in your setting. This will depend on where you work. If the incident is in someone's home you will need to call 999 first; if in a care setting, again the emergency services will be the best point of contact. However, you may also need to alert another staff member who is more qualified to deal with the situation, depending on what the situation is; there may even be a medical professional available. If you are working in a hospital there will be medical professionals around you that you can seek for immediate help. The key thing is to get help immediately.

Provide first aid

The section below covers this, but the important thing to remember is that you should only provide first aid if you have received the proper training and feel confident in carrying this out.

If you have not received the correct training and you carry out first aid, you may cause the person more pain and distress and your actions may inadvertently lead to the person developing more serious injuries. For example, if you move an individual who has fallen downstairs and landed on their back, rather than ensure that you make them comfortable and that they do not move, you may cause further damage to their back. This may even lead to irreversible damage, and them being never able to walk again.

Make the area safe

Make sure the area around the individual is safe, and that there is nothing that has the potential to cause further harm both to the individual or to those who may also be in the area. At the same time, do not attempt to remove anything that may cause further harm until the emergency services arrive. Make sure that others do not come near the scene if this will cause harm. You may even need to put a sign up if there is one available. This will also ensure that you are doing your utmost to protect the individual's privacy.

Assist others

You can provide assistance to the qualified first aider. Make sure you do as the qualified first aider instructs. They will tell you what they need and what to do, and you should do as they say. Not doing so may mean that your actions may be negligent. You may, for example, need to call for help or an ambulance, or find a blanket to keep the casualty warm. You may need to ensure the area is kept safe as mentioned above, for example by asking other individuals not to approach the

casualty so as to protect the casualty's privacy and dignity. Remember that when you are telling others about the situation, whether it is someone on the scene or the emergency/ambulance services, speak clearly, remain calm and answer all the questions they ask you. In this way they will be able to take the correct actions quickly and provide the casualty with the help they need.

Also provide reassurance to others who may be concerned or distressed about what has happened, especially if the incident has been an upsetting one. Inform them of the facts, at the same time as reassuring them. You should also seek support if you have also found the situation distressing. This will need to be done after the incident, but it is important to remember to do this so that you can share your feelings, feel supported and are therefore in a position to support others. Not doing so may mean that you will find it difficult to support others because you will be feeling too upset and/or stressed.

Report and record

You must report and record accidents and sudden illnesses. You should ensure that you report them immediately to your manager, a senior member of staff or first aider.

After an incident, you must ensure that all the information is recorded even if it was a minor incident. This is a legal requirement as set out by RIDDOR. Make sure that you record the incident by completing the accident book or incident form. Record details of:

- the individual
- date
- time
- place of the accident/sudden illness
- their injury/illness
- what you witnessed
- any information you received
- your actions taken in response and the actions taken by others (when you sought help, what time help arrived on the scene, whether you needed any equipment or medication to deal with the situation)
- the outcome of the incident
- your name and signature.

This covers the main points you will be expected to record but this might vary depending on your setting.

It is important that this is all recorded so that the information can be shared with your manager, if you work in a setting, or an inspector. It may even be needed by medical or legal professionals, so it is important that you record as much detail as possible.

Reflect

Make sure you take the time to reflect on what has taken place. Could this incident have been prevented? How? How did you deal with the situation? What did you do well? What could you have improved? How would you support others to deal with a similar situation?

Ensure your training and knowledge is up to date

You can keep your knowledge and skills up to date by attending training and reading through your work setting's procedures for what to do in the event of an accident or sudden illness. Keeping yourself up to date is very important because by doing so you can ensure that the methods you are using reflect current good practice and to ensure that you are complying with your manager or employer's agreed ways of working.

Suggest changes and improvements

In light of the accident, illness and procedures followed, is there anything that could be improved to better the procedures, or make the environment safer to prevent further accidents in the setting, home or community? Make sure that you discuss this with your manager, or the individual that you care for if you are working in their home. This will lead to improved care and support and a safer environment.

First aid procedures

Although you may not be a qualified first aider it is still useful to have some knowledge of basic first aid when attending an accident or sudden illness. These are stressful situations that you may come across in your work setting and so having an understanding of what to do can help you feel more able to handle them. It will also enable you to be an effective role model for others to whom you may need to provide support and/or additional information.

You can use **DR's ABC** as a good way of helping you to remember what to do when you come across an accident or sudden illness.

- **D (Danger):** Look around you and check for any risks or signs of danger. Never put yourself in any danger.

- **R** (Response assessment): Assess all casualties. Check whether they are conscious by calling their name, tapping them on their shoulders, observing whether they are breathing normally.
- **S** (Shout for help): Call an ambulance or get someone else to do this for you. Ask them to come back and tell you that they have done this.
- **A** (Airway): Check that the casualty's airway is open and not blocked. Check that help is on its way.
- **B** (Breathing): Check whether the casualty is breathing normally. If the casualty is breathing normally place the casualty in the recovery position. If the casualty is not breathing, start CPR only if you have been trained to do so. Check that help is on its way.
- **C** (Circulation): Continue to monitor the casualty and check that help is on its way.



Reflect on it

3.2 How you can help

Reflect on an occasion when you witnessed an accident or someone becoming suddenly unwell.

How did you feel? What did you do? Why?

Now think about the other ways of helping that you learned about by following your work setting's procedures. Is there any other action you could have taken? Why?



Research it

3.1, 3.2, 2.6 First aid

Research the basic first aid treatment for two accidents and two sudden illnesses. Write down your findings.

You will find a current first aid book a useful source of information. There should be one available in your work setting – ask your manager if you can reference it. Your work setting's first aid procedures will also be useful.

Evidence opportunity

3.2 Procedures to follow if an accident or sudden illness should occur

Identify one accident and one sudden illness that may occur in the care setting where you work. Explain to your assessor the procedures that must be followed when responding to these. Provide a written account to document your discussion.



Research it

3.2 First aid

Research how to treat three conditions that individuals may have with first aid and discuss your findings with a colleague. The St John's Ambulance information page 'First Aid Tips, Information and Advice' is a useful source of information:

www.sja.org.uk/sja/first-aid-advice.aspx

It is important that you have an understanding of the different first aid procedures and that you receive training for these before you perform them.

[Tables 4.1](#) and [4.2](#) outline some useful sources (mainly St John's Ambulance and the NHS) that will explain some of the first aid procedures you will need to know. They are helpful sources of knowledge and information, although they will not replace training.

Of course you are not expected to know all of the medical procedures. However, it is useful to be trained in first aid so that you are equipped with the knowledge and skills that you may need until the medical services are at the scene.

You will also find it useful to research and learn more about the first aid procedures for the following:

- **Anaphylaxis (or anaphylactic shock):**

www.nhs.uk/conditions/anaphylaxis and www.nhs.uk/conditions/anaphylaxis/treatment are useful sources of information.

- **Drowning:** www.sja.org.uk/sja/first-aid-advice/breathing/drowning.aspx

is a useful source of information.

- **Difficulty breathing:** www.nhs.uk/conditions/shortness-of-breath may be a useful source of information.
- **Hot and cold conditions:** www.sja.org.uk/sja/first-aid-advice/hot-and-cold-conditions.aspx is a useful source of information.
- **Loss of consciousness:** www.nhs.uk/conditions/first-aid/ may be a useful source of information.

The NHS web page, www.nhs.uk/conditions/first-aid/, is a good source of information for the different types of accidents and illnesses discussed above (you may need to scroll down to see each type).

You will also need to know how to place a casualty in the recovery position, as you will need to do this when dealing with various emergencies. Go to www.sja.org.uk/sja/first-aid-advice/first-aid-techniques/the-recovery-position.aspx to understand the procedure.

The information on these websites will not replace training. You must ensure that you attend all first aid training courses that you are advised to attend. You and your employer are responsible for ensuring you receive the training and guidance that you need.

Table 4.1 Accidents, signs and symptoms and useful sources of information

Type of accident	Signs and symptoms	Useful source of information
Fracture	● Swelling ● Oddly positioned limbs ● Pain around the fractured area	www.sja.org.uk/sja/first-aid-advice/bones-and-muscles/broken-bones-and-fractures.aspx
Cut	Large or small amounts of blood	Cuts and grazes: www.sja.org.uk/sja/first-aid-advice/bleeding/cuts-and-grazes.aspx
Bleeding	Large or small amounts of blood	Severe bleeding: www.sja.org.uk/sja/first-aid-advice/bleeding/severe-bleeding.aspx Nose bleeds: www.sja.org.uk/sja/first-aid-advice/bleeding/nose-bleeds.aspx
Burn/scalds caused by heat/ flames/hot liquids/chemicals/ electrical currents	● Swollen or blistered skin ● The person may be in severe pain or shock	www.sja.org.uk/sja/first-aid-advice/hot-and-cold-conditions/burns-and-scalds.aspx
Poisoning caused by chemicals, plants or substances like drugs and alcohol	● The person may be unconscious ● The person may be in severe pain ● Swollen or blistered skin around the mouth and lips	www.sja.org.uk/sja/first-aid-advice/poisoning.aspx
Electrical injuries caused by high voltages (e.g. railway lines) or low voltages (e.g. electrical appliances such as a kettle or heater)	● The person may have burns ● The person may have had a cardiac arrest	www.sja.org.uk/sja/first-aid-advice/skin/electrocution.aspx

Table 4.2 Sudden illnesses, signs and symptoms and useful sources of information

Type of sudden illness	Signs and symptoms	Useful source of information
Cardiac arrest is caused by a heart attack, shock or electric shock	● The person has no pulse ● The person is not breathing	Cardiac arrest: www.sja.org.uk/sja/first-aid-advice/heart/cardiac-arrest.aspx Heart attack: www.sja.org.uk/sja/first-aid-advice/heart/heart-attack.aspx

Type of sudden illness	Signs and symptoms	Useful source of information
Stroke is caused by blood clots that block the flow of blood to the brain	● The person may have an uneven face ● The person may not be able to raise and hold both arms ● The person's speech may be confused	www.sja.org.uk/sja/first-aid-advice/illnesses-and-conditions/stroke.aspx
Epileptic seizure is caused by changes in the brain's activity	Involuntary contraction of muscles. This is also referred to as a convulsion or a fit	www.sja.org.uk/sja/first-aid-advice/illnesses-and-conditions/seizures-fits-in-adults.aspx
Choking and difficulty with breathing usually caused by food becoming stuck in the throat	● Coughing, gasping ● Difficulty breathing (gasping) ● Difficulty speaking	www.sja.org.uk/sja/first-aid-advice/breathing/choking-adults.aspx
Shock is caused when blood is not flowing round the body effectively	● Cold, clammy and/or pale skin ● Fast pulse ● Fast breathing ● May feel sick	www.sja.org.uk/sja/first-aid-advice/heart/shock.aspx
Loss of consciousness is caused by a faint or a serious illness	Not being responsive, either partial or total unresponsiveness	www.sja.org.uk/sja/first-aid-advice/loss-of-responsiveness/unresponsive-and-breathing/adult.aspx This website has information on what to do when dealing with an unresponsive breathing adult. There is also information on 'responsive and breathing adult' on this website; the NHS website may also be useful.

Some important points to remember:

- Make sure you receive training in first aid and remember its importance.
- Only carry out the actions that you have been trained in and are able to do safely without causing the individual harm.
- Do not attempt to treat an individual if you do not have the right training or take any actions that you do not have understanding of, as this could harm the individual.
- Make sure you get help as fast as you can and support the individual as best you can.

- Make sure the area around the individual is safe and free of any dangerous objects.
- Support the person who is dealing with the situation, for example a medical professional.
- Seek the advice of a medical professional first if possible.
- Remember the Data Protection Act (replaced by the new GDPR 2018) when you record the incident and when you record details about the individual.
- The actions you take will vary depending on your setting. For example, in a care setting you will be able to seek the advice of colleagues, although they may not be doctors or medical professionals. If you are working in someone's home it may be that you will need to seek help from medical professionals or emergency services in situations where you do not have the expertise and have not received training.

LO4 Be able to reduce the spread of infection

Getting started

Think about an [infection](#) that you have heard about that was spread in the UK and reported in the media. For example, you may have heard of the spread of [MRSA](#) or the [norovirus](#). What details do you remember being reported about it? What was the impact of it on, for example, individuals in hospitals or in other adult care settings, such as residential care homes and nursing homes?

AC 4.1 Explain your role in supporting others to follow practices that reduce the spread of infection



Key terms

Infection refers to when germs enter the body and cause an individual to become unwell.

MRSA stands for methicillin-resistant *Staphylococcus aureus* and is often referred to as a ‘superbug’ because it is difficult to treat. It is a bacterium that can cause serious infections.

Norovirus is an infection of the stomach that causes diarrhoea and vomiting.

In your work setting both you and your employer have a vital role to play in ensuring that infections are prevented because they can affect everyone. When infections do occur because an individual is unwell, for example, you and your employer are responsible for ensuring that your actions prevent the spread of these infections onto other individuals, your colleagues and others who visit the care setting where you work.

To be able to support others effectively to follow practices that reduce the spread of infection you must be aware of your own responsibilities and those of your employer’s.

Your responsibilities as an employee in infection prevention and control

As an employee, you are responsible for ensuring your work practices are safe and that they protect you, your colleagues and others from infections. As an employee, you have a responsibility to:

- **Follow your work setting’s agreed ways of working:** for example, by ensuring you read and understand your work setting’s infection prevention and control procedures, such as those in relation to food handling and the use and disposal of aprons and gloves. You will also need to read information updates provided to you by your employer, such as in relation to changes in relevant legislation.
- **Attend training:** you must ensure that you learn from the training and

information provided by your employer about infection prevention and control. You must ensure that you apply what you have learned from the training you have attended in your day-to-day working practices.

- **Record and report:** you must record all infection hazards and risks immediately, such as an overflowing clinical waste bin (see page [155](#) for definition) that contains used dressings or the non-availability of gloves; you must report if you become unwell with an illness such as gastroenteritis.



Reflect on it

4.1 Information available in your setting

Reflect on the infection control posters and information that are available in your work setting. Write down all the ones you know about. Discuss this with your manager. Did you find out about any more?

Your employer's responsibilities in infection prevention and control

Your employer is required by law to prevent and control infections in the work setting; most of these legal requirements come under the Health and Safety at Work Act (1974) that you learned about earlier on in this unit.

Your employer is responsible for ensuring that you and all employees are safe at work and therefore aware of infection prevention and control. They should be aware of the reasons why this is important and relevant to day-to-day work tasks.

Your employer has a responsibility to:

- **Provide information:** for example, by displaying information posters such as hand-washing posters above sinks; by providing information leaflets for employees and others who visit; and by keeping relevant records, such as accident and incident records and infection outbreak records.
- **Provide education:** for example, by developing infection prevention and control policies and procedures and ensuring these are followed. Your employer needs to ensure that you, as care workers, are aware of what to do if you are informed that an individual in the care setting has the norovirus. They need to provide training on infection prevention and control, provide updates to changes in procedures and legislation and monitor work practices to ensure agreed ways of working are being complied with.



Research it

4.1 Legislation and responsibilities

Research two legal requirements that you have learned about in [AC 1.1](#) that are relevant to infection prevention and control. Write down the key points about what each Act says about your responsibilities and your employer's responsibilities with respect to infection prevention and control.

- **Provide equipment:** for example, by making available free of charge aprons and gloves for protection against infections (you will learn more about different types of PPE in [AC 4.4](#)). Your employer will need to provide cleaning equipment, such as mops and cleaning agents; provide facilities for the safe disposal of waste, such as used dressings and gloves; and provide welfare facilities, such as separate areas for eating and hand washing. If you are working in an individual's home and the individual you are providing care for is also your employer, then the individual will be responsible for providing you with all the necessary equipment you need to carry out your job safely.

Supporting others

Being an effective role model to others means that you will be demonstrating the current best practices to follow for reducing the spread of infection. For example, by washing your hands using the recommended technique before and after you undertake work activities (you will learn about this technique in [AC 4.4](#)), it will be more likely that others will do the same. If you do not do this, others may not see the importance or relevance of having to do so themselves.

You can also support others by answering their questions about infections and infection control. For example, they may be unsure about their role in reducing the spread of infections or perhaps they need your assistance in using a piece of protective equipment effectively.

Supporting others may also involve putting them forward for training so that they can update their knowledge about infection control or suggesting that they shadow you working so that you can model effective practices to follow, such as how to dispose of PPE safely or how to clean a piece of equipment such as a mobility aid and why this helps prevent infections from spreading.

Evidence opportunity

4.1 Roles and responsibilities

Produce an information guide or PowerPoint presentation explaining your role and responsibilities in supporting others to follow practices that reduce the spread of infections. You could also include the skills, knowledge and qualities you have to carry out your role effectively.

AC 4.2 Describe the causes and spread of infection

Infections can make people feel unwell and some can be fatal. It is important you know about how infections are caused and spread because as a Lead Adult Care Worker or Lead Personal Assistant you will need to know how to reduce the spread of infection and support others in infection prevention and control.

Table 4.3 The differences between bacteria and viruses

Bacteria	Viruses
Bacteria reproduce in large numbers to cause infections.	Viruses are smaller than bacteria in size and can reproduce in small numbers to cause infections.
Bacteria can multiply outside of the human body.	Viruses can only multiply within the human body.
Bacteria can be treated with antibiotics.	Viruses cannot be treated with antibiotics.
Examples of infections caused by bacteria include: gastroenteritis, tuberculosis, cholera.	Examples of infections caused by viruses include: flu, measles, chicken pox.



Reflect on it

4.2 Infections caused by bacteria and viruses

Reflect on the infections caused by bacteria and viruses named in [Table 4.3](#). Have you or someone you know experienced any of these? What were the symptoms? What treatment was provided?



Research it

4.2 Spread of infection

Research an example of one care setting where the spread of infection was not prevented. Write down what happened and how it affected all those involved in the care setting.

You will find the internet and local newspapers useful sources of information.



Research it

4.2 The cause and spread of infection

Research how infection enters the body. Find out about ‘endogenous’, ‘exogenous’ and environmental pathogens.

For example, how can pathogens in the body spread to other organs, from one person to another (via sneezing, for example) and from the environment (such as bacteria on equipment)?

Find out about how infections can be passed on through direct and indirect contact, for example they may be passed on via direct contact such as from one person to another or indirect contact through used disposable gloves, or airborne such as through sneezing and coughing, or arthropods such as flies and mosquitos. Infections can enter the body in different ways including natural openings such as the mouth and ears and other openings such as a cut in the skin or a surgical wound.

What are the causes of infection?

Infections are caused by harmful disease-causing germs referred to as pathogens. Pathogens are microorganisms that can cause disease, and can be found everywhere, such as inside our bodies and in the air, and they can be spread from person to person. Microorganisms can also cause secondary infections in other parts of the body.

There are many different types of pathogens, but the two main types are bacteria and viruses. Bacteria release toxins into our bodies and viruses can damage our bodies’ cells which can lead to serious infections. [Table 4.3](#) provides you with some information about each type including the differences between the two.

How can infection spread in care settings?

Care settings are environments where infections can spread easily because:

- **They are places where there are large numbers of people**, some of whom may be unwell and therefore be carrying an infection, for example an individual who has MRSA, an adult care worker who has gastroenteritis or a visitor with the norovirus. Infections may therefore spread from one person to another in a process called ‘cross infection’.
- **The work activities that take place are at high risk of carrying infections**, for example, supporting individuals with care needs involves being in contact with their body fluids. Activities such as assisting individuals with eating, drinking and personal care, handling food, disposing of waste and cleaning areas and equipment can pose high risks of infection. Infections can also be caused by food that is consumed. Food can become contaminated and infected by bacteria such as *E. coli* and *Salmonella*. This may be due to use of equipment that has not been cleaned properly or bacteria on hands. It may also occur when food is not heated, cooked or cooled properly.
- **Individuals may be more vulnerable to infections**, for example, older individuals and individuals who are unwell cannot fight off infections as easily as someone who is healthy because their bodies’ ability to fight off infections has been weakened due to their age or damaged through other illness.

Infections can spread in care settings in different ways, such as when you have physical contact with a person who has an infection (e.g. MRSA) or through food that has become contaminated with pathogens (e.g. *Salmonella*), from pathogens present in the air you breathe (e.g. chicken pox) as well as through contaminated objects such as bed linen and work surfaces.

Infections spread in care settings through six key stages. These stages are often referred to as the ‘chain of infection’ and they are identified in [Figure 4.4](#).

The chain of infection shows that infections can quickly spread from person to person if the conditions are right. For example, the perfect environment for bacteria to grow is one where food and moisture is available. This could be leftover food as well as body fluids such as urine and faeces. It could be where the temperature is warm and the environment is constant giving the bacteria time to multiply, for example a waste bin that has not been emptied for two days.

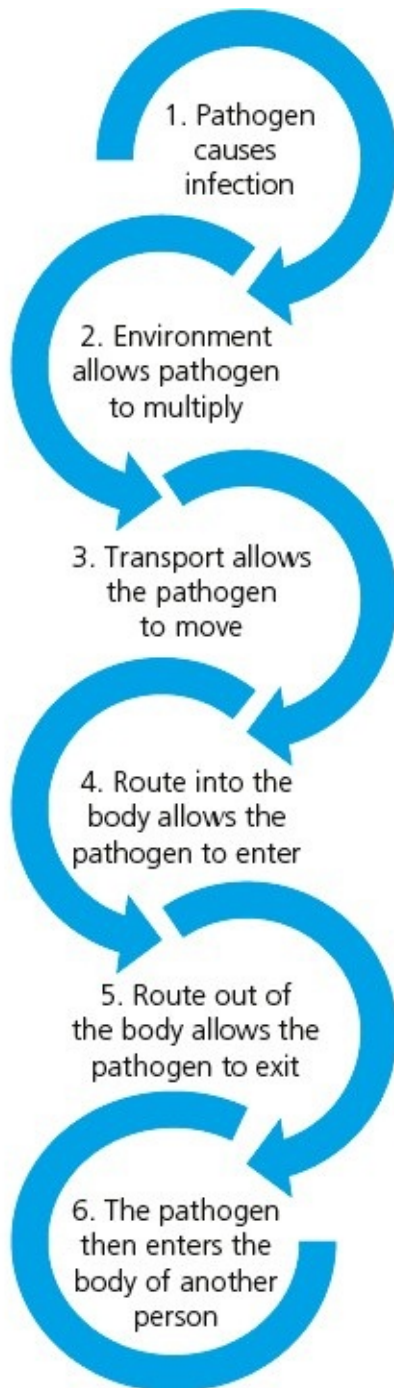


Figure 4.4 The chain of infection

Similarly, infections can only spread from person to person if they have transport and a route through which to enter and exit our bodies, for example an uncleaned toilet seat or hands that have not been washed (indirect contact) or through coming into contact with an individual's body fluids from coughing or from minor cuts (direct contact).

Who is more likely to get an infection? Who is a more 'susceptible' host?

Some groups of people are more susceptible to infections than others – they may be more 'susceptible hosts'. For example, babies and children have immature [immune systems](#) which means they have less protection against infection. Older people's immune systems become less effective with age and therefore their bodies are more susceptible to infections and less effective when fighting these. People who are ill may have had their immune systems damaged by illness and therefore their immune systems do not work as effectively.



Key terms

The **immune system** is the body's natural defences that work together to fight disease and infections.

Preventing spread of infections

In [AC 4.3](#) you will learn about one of the key ways to prevent the spread of infection. However, there are a number of other measures you can take to break the chain of infection. Some of these will be covered in [ACs 4.4](#) and [4.5](#) but a few things to remember are:

- **Wear protective clothing:** see [AC 4.4](#) for information on personal protective equipment (PPE).
- **Wear gloves:** you will need to ensure you wear gloves when you come into contact with body fluids, when you are dealing with broken skin or rashes for example. You will also need to wear them when disposing of waste including soiled bedding or dressings. You will learn more about how to put gloves on in [AC 4.4](#). Where there are serious illnesses or infections like MRSA (see page [149](#) for definition), you will need to follow your setting's policies and procedures, so it is important that you know what these are.
- **Carefully dispose of waste so that you or others do not come into contact with any germs or harmful substances:** you may need to wear gloves and aprons when disposing of waste and make sure you follow your setting's procedures for doing so. Remember that standard precautions such as effective hand washing and wearing aprons and gloves create a protective barrier to help prevent the spread of infection, it is important that you and others are aware of their importance in reducing the spread of infections. Often there are

procedures for disposing of waste in different bags based on whether they are used for waste that is clinical, soiled or recyclable.

- **Make sure a healthy environment is maintained and equipment is cleaned:** different individuals and staff may come into contact with equipment (for example, hoists or chairs). Make sure that the setting is working to ensure that equipment is cleaned correctly and that you are doing your utmost to do so. Of course, you are not always responsible for the cleaning of equipment, but you should consider this in your practice and look for it in others'. There will be measures in place in your setting to make sure you and others maintain cleanliness, for example anti-bacterial gel dispensers placed around the setting so that there are opportunities to clean your hands.
- **Make sure that your health and hygiene does not lead to spread of infection:** see [AC 4.5](#) for more information.

Evidence opportunity

4.2 Causes and spread of infection

Using the chain of infection that you have learned about, develop a written account that describes the main causes of infection and how it can spread in the care setting where you work.

Promoting health and safety in an individual's home

For domiciliary care workers, promoting health and safety in an individual's home is important but there may be other considerations to take into account. For example, in an individual's home you may not have separate waste bins for disposing of household waste (such as paper) and clinical waste (such as used dressings). Effective precautions can still be taken to prevent the spread of infection, for example by ensuring that all waste is placed into a bag and then sealed rather than left open in a black bin bag. There may not be a separate utility area in an individual's home for washing soiled linen; precautions can be taken by ensuring soiled linen is washed separately in the washing machine and on a high temperature setting to destroy any bacteria.

AC 4.3 Demonstrate the use of personal protective equipment (PPE)

In care settings, [personal protective equipment \(PPE\)](#) refers to the equipment that is worn by adult care workers to protect against the spread of infections. PPE can prevent and control the spread of infections because:

- it protects individuals from infections you may be carrying
- it protects you from infections individuals may be carrying
- it creates a barrier between the infection and you which means that the infection is unable to spread from you to others or vice versa, or from a surface or piece of equipment to you and others by, as you have learned, a process known as [cross infection](#).

Sometimes, it may be decided that as you are supporting one individual in their own home and there is no risk of the spread of infection that PPE is not used. If this is the case, then it must be recorded that you have agreed this with the individual and the reasons why. It is important to monitor this closely in the event of there being any changes to the individual's condition, or in the event of you or others becoming unwell as this may affect you and the individual's decision to use PPE as a precaution, so that you do not spread infection to them.

To ensure that you are using PPE appropriately and that it is effective in preventing the spread of infections it is important to:

- read what your work setting's PPE policy states about the different types of PPE you will be using as part of your day-to-day work tasks
- always follow the manufacturer's instructions when using PPE
- always wash your hands before using PPE
- always wash your hands after disposing of PPE.

[Table 4.4](#) describes the two main examples of PPE used in care settings, including the reasons why they are used and examples of when they can be used.

PPE is only an effective tool if you know when to use it and if you know how to put it on and take it off correctly. [Table 4.5](#) provides some guidance on this.

There may be times when PPE is not required. This may, for example, be when you are supporting an individual to get dressed or when supporting an individual living in their own home to prepare a meal.

As you have learned earlier on in this unit, the Personal Protective Equipment at Work Regulations 1992 established a set of guidelines for the correct use of PPE

in the work setting. You can recap your previous learning from [AC 1.1](#) now.



Key terms

Personal protective equipment (PPE) is equipment that is worn by care workers and is usually disposable to prevent infections from spreading. PPE includes disposable gloves and plastic aprons. You will be expected to know the different types of PPE and how to use it correctly and appropriately in your work environment. Appropriate use may, in some cases, mean after consideration, that PPE is not required.

Cross infection is the spread of infection from person to person, from contaminated objects, through air, food, animals and insects.

Table 4.4 Why and when to use PPE

Type of PPE	Why use it	When to use it
Disposable gloves	To provide a barrier for the infections that can be spread through your hands.	For example, when supporting individuals with personal care as you may come into contact with an individual's body fluids, such as vomit, urine and faeces. You should wear gloves when dealing with an accident where you may come into contact with an open wound or an individual's body fluids, such as blood and vomit. You should also use them when you come into contact with broken skin, rashes or burns for example. When disposing of used or soiled linen or waste, it is also a good idea to wear gloves.
Plastic aprons	To provide a barrier for the infections that can be spread through your clothing.	For example, when handling food as you may come into contact with both cooked and raw foods. You will learn more about food hygiene in practices in LO6. You should also wear aprons when carrying out a cleaning task as you may come into contact with a harmful substance. You will learn more about hazardous substances in LO6. You will also need this when coming into contact with body fluids.

Table 4.5 How to use PPE

Type of PPE	Putting it on	Taking it off
Disposable gloves	Choose the correct size gloves. If they are too big they may slip off and if they are too small they may tear and let harmful pathogens spread. Wash your hands before putting gloves on so you do not spread harmful pathogens into your gloves.	Remove one glove at a time. Hold the outside of the glove with your opposite gloved hand and peel it off so it turns inside out. Place it, balled, in your still gloved hand. Then, taking care not to touch the outside of the glove, place your finger tip inside the other glove and peel this one off so the first glove ends up inside it. Place them in the clinical waste bin. Wash and dry your hands to avoid cross infection (see above for definition).
Plastic aprons	Place the apron over your head and then tie it round your waist to give you maximum protection over any harmful pathogens that may be transported to and from your clothing. Wash your hands before putting plastic aprons on so you do not spread harmful pathogens into your gloves.	Unfasten or break the ties round the waist and then remove the apron by pulling it away from your neck and only touching the inside of the apron while doing so. Roll up the apron and place it in the clinical waste bin. Wash and dry your hands to avoid cross infection from the outside of your apron to your hands and to the environment.

Ensure PPE is effective

Disposable gloves and aprons must be changed every time there is contact with a different individual or when there is a change in task, for example supporting the individual with washing and then with eating and drinking. It is also important to check that all PPE is clean and has no tears before wearing it as this may be an opening for a harmful pathogen to enter and cause infection. If you do find a problem, do not use the PPE and report it immediately to your manager who will be able to provide you with advice and guidance.

Remember that some individuals may find PPE too clinical, not like how it feels or think that it stigmatises them as being dirty so it is important you reassure individuals and explain to them why it needs to be worn.



Key terms

A **clinical waste bin** is a bin where waste that is contaminated with body

fluids (for example, used dressings, bandages and disposable gloves) is disposed of as it poses a risk of infection. These are usually located in bathrooms and laundry areas.

The reflective exemplar provides you with an opportunity to explore in more detail how adult care workers in care settings can seek further support and advice when they are having difficulties complying with their work setting's PPE policy.



Reflect on it

4.3 Consequences of not using PPE correctly

Reflect on the consequences of not changing your disposable gloves and apron when you have finished supporting an individual to have a shower. What are the consequences for the individual? For you? For others in the care setting where you work? Write a short reflective account detailing your thoughts.



Research it

4.3 Your setting's PPE policy

Research what the PPE policy in your work setting says about the different types of PPE you must use as part of your day-to-day work tasks, how to use them, and when and how to report any difficulties you may identify. Discuss with your manager why and when they are used. Write down details of your discussion.

If you work with an individual and PPE is not required, explain why.

Reflective exemplar	
Introduction	I work as a personal assistant to Joan who requires support with showering, dressing and preparing breakfast. Joan has cerebral palsy and finds it difficult to mobilise.
What happened?	This morning I visited Joan as usual and she told me that she wanted to speak with me. I sat down next to her as she explained that she no longer thinks there is any need for me to wear disposable gloves and an apron while I provide care and support to her in the mornings, given that I have been her personal assistant for over a year now and have got to know her very well. Joan added that she would feel a lot more relaxed if I didn't wear these in her home. I informed Joan that I was required to follow my work setting's PPE policy and would therefore always have to wear them when providing her with care and support. Joan frowned and explained that she didn't feel like getting up this morning and would prefer it if I came back tomorrow. I agreed to come back tomorrow.
What worked well?	The fact that I informed Joan that I have to comply with my work setting's PPE policy.
What did not go as well?	Joan's reaction to the information I gave her, i.e. she does not usually frown.

Reflective exemplar	
What could I do to improve?	Perhaps I should have explained the reasons why I must wear PPE to Joan. Perhaps I should have referred Joan's request to my manager. The use of PPE could then have been risk assessed with Joan and the work setting to address how to balance her rights with concerns for health and safety. I think I need to discuss this situation with my manager and refer back to my work setting's PPE policy in relation to what it says about wearing PPE when an individual asks for it not to be used.
Links to unit assessment criteria	ACs: 1.3, 2.1, 2.2, 2.4, 2.6, 4.1, 4.2, 4.5

Evidence opportunity

4.3 Using personal protective equipment (PPE)

You will be observed for [AC 4.4](#). Practise putting on, using and disposing of PPE when carrying out an activity. Ask your assessor for feedback. How did you do? Are there any areas for improvement?



Key terms

Cerebral palsy is a neurological condition caused by damage to the brain that affects the body's movements and muscle co-ordination. Symptoms can include jerky uncontrolled movements, stiff and floppy arms or legs.

AC 4.4 Wash hands using the recommended method

Preventing the spread of infection can only be done if one or more of the links in the chain of infection you learned about in [AC 4.2](#) are broken; if the chain of infection isn't broken then infections will continue to spread. One of the most effective ways of preventing the spread of infection in care settings is through hand washing.

You must always wash your hands in care settings during your day-to-day work activities because pathogens are likely to be present in the tasks you carry out and can therefore be the cause of infections that can spread.

For example, you must always wash your hands to protect yourself, the individuals and others you work with, as well as the environment, from the spread of germs. You must wash your hands:



Research it

4.4 NHS guidance

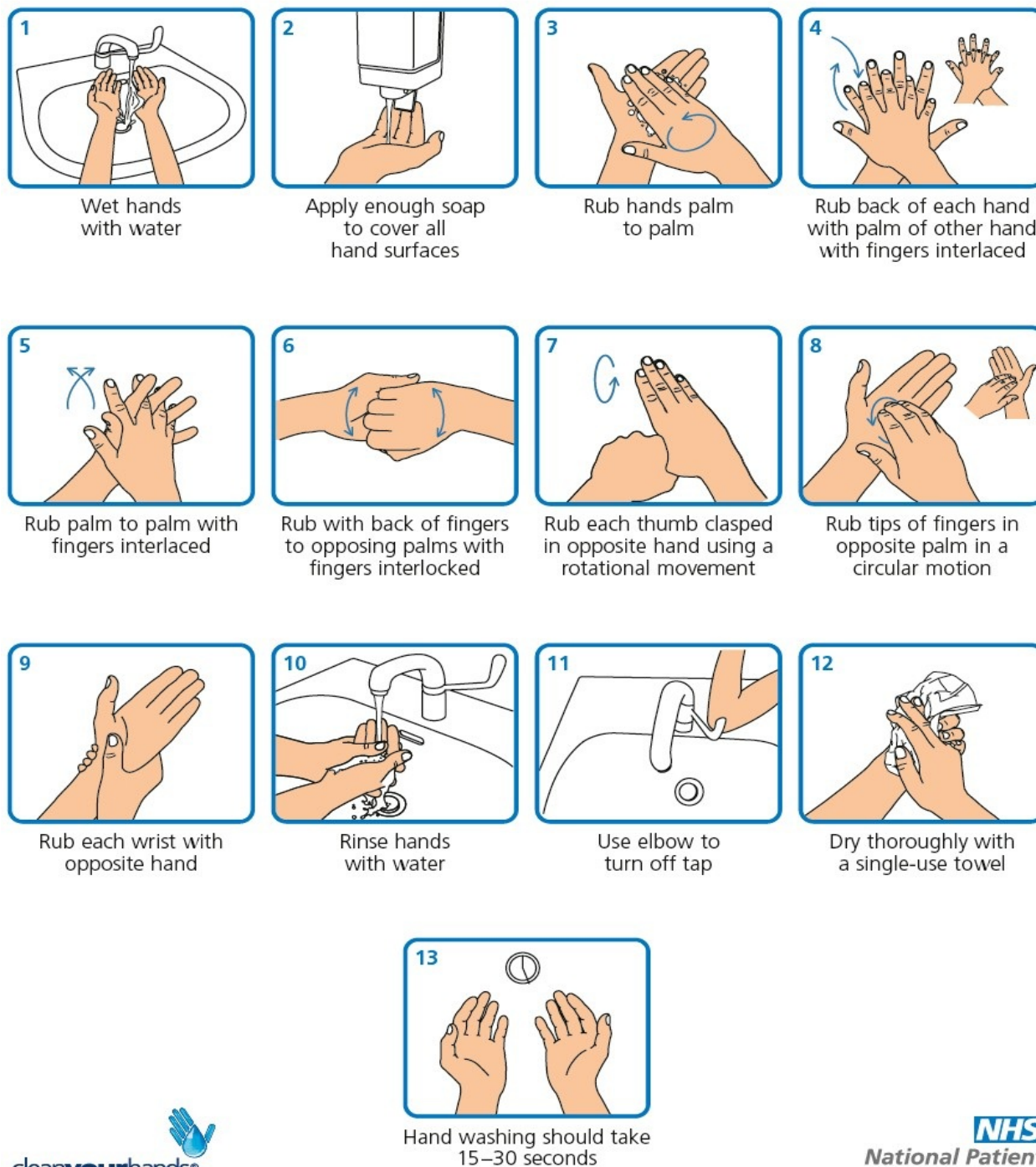
You will also find it useful to refer to the NHS website for up-to-date guidance on hand hygiene: www.nhs.uk/Livewell/homehygiene/Pages/how-to-wash-your-hands-properly.aspx

- before and after you start work
- before and after contact with individuals who you provide care or support to, i.e. support with eating, drinking, washing
- before putting on and after disposing of gloves
- before preparing and handling food
- before and after eating
- after contact with your own or others' body fluids, or any procedure that means you may come into contact with body fluids
- after going to the toilet
- after coughing or sneezing, or blowing your nose
- after disposing of waste or handling used or soiled linen
- after coming into contact with clinical waste.

The method for hand washing in care settings

The Care Quality Commission (CQC) recommends that workers in care settings use liquid soap and warm water for washing their hands and that they carry out the following hand-washing techniques for approximately 30 seconds, outlined on the NHS's 'Hand hygiene technique for staff' poster (this can be accessed from: www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-technique-for-staff-poster).

Hand-washing technique with soap and water





Reflect on it

4.4 'Transports' for infection

Reflect on your previous learning in this unit and write a short reflective account about how clothes, jewellery, nails and open wounds can be the 'transport' for infections.

To summarise:

- 1&2** Wash your hands under warm running water and apply liquid soap to cover all the hand surfaces.
- 3** Rub your hands, palm to palm using a circular action.
- 4** Rub the back of each hand with the palm of the other hand, with fingers interlaced.
- 5** Rub palm to palm with fingers interlaced.
- 6** Rub backs of fingers to opposing palms with fingers interlocked.
- 7** Rub each thumb clasped in opposite hand using a rotational action.
- 8** Rub tips of fingers in the opposite palm in a circular action.
- 9** Rub each wrist with the opposite hand.
- 10** Rinse your hands under warm running water.
- 11** Use your elbow or a paper towel to turn off the tap.
- 12** Dry your hands thoroughly with paper towels.
- 13** Remember that hand washing should take 15–30 seconds.

In addition, it is recommended that staff in care settings also comply with the following hand hygiene practices that are important in the prevention of infections:

- When you provide care to individuals you must roll your sleeves up to the elbows – this is referred to as Bare Below the Elbows (BBE).
- Jewellery must not be worn, for example rings and bracelets.
- Finger nails must be kept clean and short.
- Nail extensions, acrylic nails and nail varnish must not be worn.
- Any cuts or abrasions must be covered with a waterproof dressing.

Anti-bacterial hand gel

If you cannot access water and soap, then you may also be able to use anti-bacterial hand gel. While you should always aim to wash your hands with soap

and water, anti-bacterial gels can kill bacteria on your hands. Places such as hospitals have hand gel dispensers so that carers and visitors can cleanse while they are in the setting.

Evidence opportunity

4.4 The method for hand washing in care settings

You will be observed for this AC. Practise washing your hands following the recommended method for hand washing in care settings. Ask your assessor to observe you while you do this and make a note of any improvements you could make to your practice. Reflect on their feedback and practise washing your hands again. Remember, effective hand washing takes approximately 30 seconds – how long did you take? How many of the 13 steps did you use?

AC 4.5 Demonstrate ways to ensure that own health and hygiene do not pose a risk to an individual or to others at work

Care settings, as you have learned, are perfect environments for the spread of infections. You therefore have an important role to play in the prevention and spread of infections.

Your health

When you are carrying out your work activities, it is crucial that you are in good health to do so. Being in good health means having both physical and mental well-being; you will learn more about how to manage your mental well-being later on in LO10. Mental well-being is crucial for ensuring that you are able to comply with your work setting's infection control procedures.

Physically, it is important that you are well and able to carry out your work activities. Coming into work when you are not well and able can pose a risk to the individuals you work with as well as to your colleagues and other visitors to the care setting. For example:

- If you have the flu it is important you visit your GP and do not return to work until you are well as doing so may mean that you spread your infection to others.



Research it

4.5 Sickness policy

Research the sickness policy in the setting where you work. Discuss with your manager what types of infections you must report, the reasons why and the procedures for doing so.

- If you have gastroenteritis you are most infectious from when your symptoms start until two days after they have passed; it is important therefore to stay off work until your symptoms have stopped for two days.
- If you have a skin rash it is important that you visit your GP and do not return to work until you have been given permission to do so, as this may be passed onto others and therefore can lead to the spread of infections.

Your personal hygiene

Maintaining your personal hygiene to a good standard is not only more pleasant for everyone you come into contact with, but it is also an essential part of the control of infection. As you have learned, hand washing and wearing PPE are integral to ensuring that you prevent the spread of infection and are two key aspects involved in maintaining good standards of personal hygiene. Other important aspects of your personal hygiene for controlling the spread of infections include the following:

- **Hair care:** your hair must be regularly washed, brushed and kept clean to prevent infections such as head lice. If you have long hair it should be tied back to prevent any unwanted hairs from falling into, for example, food that you are preparing. Your hair may also come into contact with individuals which could lead to the spread of infection. It could also be a hazard as it may become caught in equipment or machinery. Likewise, if you wear a head scarf, or head covering, ensure that it is safely tied in place.
- **Hand and nail care:** your nails must be kept clean and short. Nail varnish and nail extensions must not be worn as these may flake and/or fall off while carrying out your work activities and therefore have the potential to spread any harmful pathogens that they contain. Similarly, jewellery such as rings and bracelets can also be potential risks of infection as harmful pathogens may become trapped in these. Good hand hygiene, as you have learned, is essential in your role, particularly when preparing food. See the 'Research it' activity 4.5 on page [160](#) to learn more about the importance of hygiene when preparing food. Remember that food can be a source of infection if hygiene procedures are not followed.
- **Oral care:** you must brush your teeth regularly to avoid infections or halitosis (bad breath). This can be unpleasant for the individuals and others you work with as you may be in close proximity to them.
- **Body care:** you must wash, bathe or shower every day, wear clean clothes and deodorant to ensure that you prevent body odour and the risk of infections to others. This can be unpleasant and unhygienic for all those who enter the work environment including visitors to the setting where you work.
- **Skin care:** your skin must be kept moisturised because with frequent hand washing it is likely to become dry and could therefore flake off during work activities and spread infections. If you have open wounds you must keep them covered, and skin rashes must be treated to avoid the risk of cross infection as you may spread infection not only to individuals but the colleagues that you

work with.

- **Clothing/uniform:** you must wash the clothes you wear at work and/or uniform regularly so it is kept clean and pathogen-free. Wearing an apron will protect the front/outside of your clothes from harmful pathogens. Remember, if you wear your uniform outside of the work setting you may be at risk of cross infection, for example if visiting the supermarket during your lunch break or travelling home from work on the bus. In these situations, it may be better to change into and out of your uniform at work. In this way you will ensure that your clothing and uniform do not spread infections from person to person and place to place.



Reflect on it

4.5 Personal hygiene

Imagine you were an individual with support needs and required assistance with eating and drinking. How would it make you feel if your support worker looked untidy and had poor personal hygiene? Why?



Research it

4.5 The importance of food hygiene

Food can be a source of infection if it is not cooked properly or if you do not follow good hygiene practice. You should remember the things that you have learned in this LO and the rest of this unit when preparing food. Hand hygiene is key. For example, you should remember that if you have a cut, then you should cover this with a bright plaster that can be easily spotted if it comes off while you are preparing food and can be disposed of. It is important that you are aware of how to avoid infection and cross-contamination, how to cook food properly to avoid this from happening, how to ensure that bacteria from food is killed, and the health and safety rules to follow when preparing food.

You will also need to be aware of best before dates, allergies and special dietary requirements and the rules to follow when preparing food to cater for different requirements.

Below are some useful sources of information that you should read with regard to food safety:

www.gov.uk/food-safety-your-responsibilities/food-hygiene

www.food.gov.uk/business-guidance/hygiene-requirements-for-your-business (also available as a PDF)

www.food.gov.uk

www.foodsafety.gov

Evidence opportunity

4.5 Your health and hygiene

You will be observed for [AC 4.5](#). Demonstrate to your assessor two or three different ways of ensuring that your health and hygiene do not pose a risk to an individual or colleagues or visitors in the care setting where you work. Follow up your demonstration with a professional discussion with your assessor.

LO5 Be able to move and handle equipment and other objects safely

Getting started

Think about the different steps involved in moving yourself or items from one position to another. For example, you could think about how you move from sitting in a chair to lying down in bed, how you move when walking from one end of the corridor to the other or how you move a heavy boxed item that has been delivered to your front door upstairs. Think about the different range of movements you perform when carrying out these tasks.

Now imagine you need support with moving or positioning. How would you explain the support you need to someone who didn't know you?

AC 5.1 Explain the main points of legislation that relate to moving and handling

Moving and handling in care settings involves providing support to individuals to be able to move from one position to another as well as being able to handle lifting, moving and positioning equipment, such as hoists, slings, bath lifts, standing transfer aids, and other objects, such as wheelchairs and boxes, safely.

Moving and positioning individuals safely is required for ensuring that:

- individuals are being supported to move and position in line with their plan of care and their specific needs
- individuals do not experience pain or distress
- individuals' independence and dignity are promoted
- the agreed ways of working, policies and procedures that are in place in care settings are being complied with.

Policies and procedures

Agreed ways of working for moving and positioning individuals safely are underpinned by specific legislation that relates to moving and handling so that it is carried out safely and accidents can be avoided. Complying with legal requirements will ensure that you protect yourself, individuals and others from injuries and/or accidents. This will help prevent back injuries, which can occur if you do not use equipment correctly, and falls which could happen if you do not check that the equipment used is appropriate for the individual.



Key terms

A **sling** refers to the piece of equipment made out of fabric that is placed around the individual's body to enable them to be hoisted.

Moving and handling is required for various activities – you may need to use these procedures for tasks such as moving and lifting boxes, or you may need to move people. You may require special equipment to carry out the moving and handling procedure, for example a **sling**. In this case, you should check that the sling used is appropriate for the individual being hoisted. You will need to check the sling is appropriate for the weight, height and shape of the individual, whether the individual requires support with their whole body including their

head or just with the trunk and whether their condition causes them pain. Remember that slings come in different shapes and sizes and are made out of different materials depending on what the individual requires to be comfortable and to maintain their dignity when being hoisted. Individuals with profound and multiple disabilities may require you to use adapted techniques such as signs (to involve them during the whole process), adapted equipment and slings.

The following are examples of specific pieces of legislation that relate to moving and handling activities and come under the Health and Safety at Work Act (HASAWA) 1974.

Manual Handling Operations Regulations 1992 (as amended 2002)

These regulations are relevant to moving and handling activities and include lifting, lowering, pushing, pulling and carrying. They require that employers must:

- avoid, as far as is reasonably practicable, any manual handling activity that is hazardous and likely to involve a risk of injury
- carry out a risk assessment of all manual handling activities that cannot be avoided and put control measures in place to reduce the risk of injury*
- provide any equipment necessary for supporting health and safety.

*A manual handling assessment involves five key aspects which can be easily remembered using the TILE (O) acronym:

- **T** – Task (what am I lifting and where am I moving the load to?)
- **I** – Individual (am I capable of lifting the load safely on my own?)
- **L** – Load (how heavy is the load? What shape and size is the load?)
- **E** – Environment (is the load in a small space? Will it be difficult to lift?)
- **O** – Other aspects (do I need to wear PPE?).

As an employee you also have moving and handling responsibilities including:

- maintaining your own safety and those of individuals and others who you work with
- attending moving and handling training provided by your employer
- only carrying out moving and handling activities that you have been trained in
- complying with your work setting's moving and handling procedures and agreed ways of working at all times
- reporting and recording all hazardous moving and handling activities.

Provision and Use of Work Equipment Regulations (PUWER) 1998

These regulations require that all work equipment including moving and handling equipment is used safely. They require that employers must provide moving and handling equipment that is:

- suitable for the intended use
- maintained in a safe condition
- monitored to ensure it is in good working order*
- used only by people who have been trained in its use
- accompanied by suitable health and safety measures, such as emergency stop controls and clearly visible markings
- used in line with the manufacturer's instructions.

*If a risk assessment shows that those handling the equipment are at risk, then employers must make sure that this is checked. Advice can also be sought from the health and safety officer and the manufacturers of the equipment.



Research it

5.1 Assisting individuals

Individuals in care settings may require support with moving and positioning because they may have specific conditions that affect how their bodies move and that can make movements difficult and/or painful. This information is used to risk assess and put into place moving and positioning practices that meet individuals' specific needs and that are safe to use.

Research how the following two conditions may affect individuals' movements and then produce an information handout with your findings.

1 Brittle bone disease

2 Stroke.

You may find the following link on brittle bone disease useful:

www.brittlebone.org

You may find the following link about an individual who has had a stroke useful:

www.stroke.org.uk/what-stroke/types-stroke

You can also find out more about LOLER at:

www.hse.gov.uk/work-equipment-machinery/loler.htm



Reflect on it

5.1 Duty of care

Reflect on your duty of care in relation to safe moving and handling in the care setting where you work. Why is this important? What are the consequences of not fulfilling your duty of care?

Evidence opportunity

5.1 Moving and handling legislation

With a colleague, discuss and then write down three pieces of legislation relating to moving and handling. For each piece of legislation, write down the main points of this legislation that relate to moving and handling.

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998

These regulations require employers to ensure that lifting equipment used in work settings is safe by requiring that:

- all lifting equipment is used solely for the purpose it was intended for and must be installed correctly to reduce any risks
- all lifting equipment is marked with warning and safety signs to show safe working loads
- all lifting equipment is maintained and monitored for safety and records kept (all equipment used must be safe. It must be monitored and examined regularly, not just when defects are reported, to ensure its safety is maintained)
- all lifting equipment that is unsafe is reported and removed from use until it is repaired or replaced and safe to use again
- all lifting activities are planned, supervised and carried out in a safe manner (that it is only by people who have been trained and are able).

Although it is not mentioned as part of LOLER, you should remember that, as an employee, you are responsible for complying with all information, instruction

and training you have received from your employer in relation to moving and handling, and to use all equipment you have been trained in safely and in line with the manufacturer's instructions. If you identify that a piece of equipment is faulty then you must report this immediately to your employer and not use it.

AC 5.2 Explain the principles for safe moving and handling

In care settings, a wide range of moving and handling equipment is used to meet the diverse needs of the individuals who require support with moving and positioning. This includes:

- **lifting equipment**, such as mobile hoists that lift and lower individuals from, for example, their bed to an armchair and bath hoists that lift and lower individuals into and out of the bath
- **moving and handling equipment**, such as slide sheets that move individuals without lifting them up and down the bed and transfer boards that enable individuals to slide from their wheelchair into an armchair, for example
- **moving and handling aids**, such as hand rails that provide support to individuals going up steps or walking frames that support individuals' weight while walking.

You can use moving and handling equipment safely and move other objects safely by following these good practice rules or principles:

- Follow your work setting's agreed ways of working for moving and handling, for example by only carrying out moving and handling activities that you have been trained for. Not doing so may result in you or others being injured.
- Ensure you have read the moving and handling guidelines that are in place for individuals. For example, read through individuals' moving and handling risk assessments before carrying out moving and handling activities or using any moving and handling equipment to ensure the safety and well-being of individuals.
- Complete safety checks before using moving and handling equipment. For example, is it clean? Is it working? Have you noticed any faults? Not doing so may result in a serious failure in the equipment as you are using it which may cause unnecessary distress or injury to an individual.
- Prepare to move an object safely by completing safety checks, for example is there enough space in the environment to carry out the move? Is the load too heavy for one person? Not doing so may mean that you will be putting yourself, the individuals and others at risk of being harmed or injured.
- Report any concerns you have when carrying out health and safety checks. For example, you should report if a piece of equipment is not working, or if you witness a colleague using unsafe practices when moving an individual using

lifting equipment. Not doing so may mean that unsafe equipment and practices continue in the work setting. Think about stories you may have read or heard about where individuals have been left in their beds, unable to move because no assistance has been provided. If you see unsafe practises being used, it is important to discuss or report this to your manager.

- Always communicate clearly with those involved in moving and handling activities. For example, explain to the individual how you are going to support them with the move, check that they are not in any pain and that their dignity is not undermined in any way, encourage them to actively participate in the move and check with your colleagues which of you is going to take the lead when carrying out the move. Not communicating with the individual will be disrespectful towards individuals' rights to be actively involved in all care and support activities. Poor **communication** between you and colleagues may result in moves becoming unsafe.
- Use a safe posture when moving objects. For example, keep your legs and feet slightly apart, your knees slightly bent, do not stoop or twist, keep the load as close to your body as possible. Not doing so could result in you injuring your back. At worse you may cause your body irreversible damage and result in you experiencing distress.
- Be honest with yourself. For example, if you are unsure about how to follow any of the above principles, seek advice from your manager. Not doing so could result in you not complying with best practice and therefore not promoting your health, safety and well-being as well as that of the individuals and colleagues you work alongside.

Remember that it is best to 'move and position' individuals, and to use these terms when referring to these procedures, rather than say 'lift' individuals.



Research it

5.2 Moving and handling equipment

Research the different types of moving and handling equipment, lifting equipment and moving and handling aids that are used with the individuals in the care setting where you work. Produce a one-page information handout with your findings.



Reflect on it

5.2 Health and safety checks

Reflect on the importance of carrying out health and safety checks before using moving and handling equipment and moving objects in care settings. How can doing so prevent accidents from occurring?



6Cs

Communication

Good communication when moving and handling is essential for reassuring individuals during moves and for ensuring that you have their permission to carry out the move. Remember the principles of person-centred care that you have learned about. Remember that this is a joint procedure. Good communication enables you to ensure individuals' understanding of how the move will be carried out. It also encourages their active participation, and means that you have considered their rights. Good communication with your colleagues is also essential for ensuring that you work together to enable all moves are carried out smoothly.

Evidence opportunity

5.2 Principles for moving and handling

For each of the principles you learned about in relation to moving and handling equipment, discuss with your assessor their importance for health and safety. Remember to consider how the principles can keep you, individuals and others safe.

AC 5.3 Move and handle equipment and other objects safely

In care settings, moving and handling activities are part of adult care workers' day-to-day work activities. The techniques used involve the use of moving and handling equipment to safely transfer individuals with care or support needs from one position to another, as well as following the general principles you learned about in [AC 5.2](#) for moving objects safely.

Expressing the total number of musculoskeletal disorder cases in the Health and Social Care sector as a rate, the HSE statistics show that:

‘Annually around 1.7 per cent (per 100,000 workers) workers in the sector were suffering from a musculoskeletal disorder they believed was work-related.

This rate is statistically significantly higher than the rate across all industries (1.3 per cent)’

Source: *Health and Safety Executive (2015) ‘Health and Safety in the Health and Social Care sector in Great Britain 2014/15’ (source: Labour Force Survey)*



Research it

5.3 Your setting's guidelines

Research your work setting's moving and handling procedures and discuss with your manager what these say about the equipment and objects you may be expected to move and handle as part of your work activities. Find out if your work setting has any guidelines in place for safe practices when moving and handling individuals. Write down notes to document your findings.



Reflect on it

5.3 Safety checks

Reflect on the safety and maintenance checks that are carried out on the moving and handling equipment used in your work setting. How often are these carried out? Why?

Using moving and handling equipment safely

Using moving and handling equipment is a skill and to avoid accidents and injuries to yourself, individuals and your colleagues, you must:

- **Be trained in its safe use:** your employer is required to provide you with the training to do so.
- **Follow your work setting's moving and handling procedures:** you are required to comply with the safe processes your employer has developed for all moving and handling activities that you carry out. For example, this may involve using the type of equipment appropriate for an individual in line with their height, weight and condition. You may need to use a piece of equipment to move an individual with two staff instead of one.
- **Check that the equipment is safe to use:** you are required to do this every time you use a piece of moving and handling equipment. For example, you will need to check the battery is fully charged (not doing so may result in it stopping during a move), that there are no visible signs of wear and tear and that it has been tested as per legal requirements.
- **Check that the equipment is clean:** you are required to do this every time you use a piece of moving and handling equipment. Not only will this reduce the risk of cross infection (a concept you learned about in LO4) but it is also showing your respect and consideration for the individuals you are assisting with moving.

Moving objects safely

From time to time, adult care workers may need to move objects in care settings from one position to another. For example, boxes of PPE are delivered to the front door that need to be moved into the first aid room or a delivery of groceries is made that needs to be moved into the kitchen. Moving objects safely is a skill and using the techniques below will help you with this.

- **Plan how you are going to carry out the move:** for example, consider whether you will need assistance, where you need to move the object to and ensure you have prepared the route you plan to use.
- **Ensure you are in a stable position before carrying out the move:** for example, your feet should be apart to maintain your balance and you should avoid wearing footwear with no support or tight clothing that may make it difficult to move safely.
- **Ensure you are in a safe position when handling the object:** for example, keep and hold the object close to your body, do not stoop when lifting the

object, keep your knees, hips and back slightly bent, keep your shoulders facing in the same direction as the hips, keep your head up and look ahead. Put the object down in a smooth movement by keeping hold of it until it reaches the surface you want it on (for example, the ground or a table) and only then slide the object into its desired position.

Moving and handling legislation does not indicate a safe maximum weight limit that can be lifted by a person. Instead, as you have learned in [AC 5.1](#), it places legal duties on employers to risk assess all manual handling activities and situations including the person who will be carrying out the move, such as their physical strength and whether they have any health condition that may affect their ability to lift objects. In other words, it is always better to be safe than sorry when moving and handling! If in doubt, ask your manager to ensure your practice remains safe.

Moving and handling in an individual's home

Equipment such as hoists may be difficult to operate in an individual's home where the space is confined, for example there may be a small bathroom where it is difficult to manoeuvre. Where possible, risk assessments must take into account the size of equipment and the room available – for instance, two people may be more appropriate to support an individual to mobilise than a large piece of equipment. In all cases you must not put yourself, the individual, or your colleagues at risk. If you have any concerns, do not carry out any actions that you deem to be unsafe.

Evidence opportunity

5.3 Move and handle equipment and objects safely

You will be observed in the workplace for [AC 5.3](#).

In pairs, show how to:

- 1** safely use a piece of moving and handling equipment safely, for example a hoist or bath lift
- 2** safely move an object, for example a box of first aid supplies or stationery.



Case study

5.2, 5.3 Using moving and handling equipment

Jan, a care worker in a residential care home, is assisting May who is 84 years old with having a bath this morning. As it has been a very busy morning, Jan is running a little late and May is not happy that she will be having her bath a little later than she usually does.

Once Jan agrees with May to assist her to have a bath, Jan carefully reads through May's care plan and moving and handling guidelines. This is to ensure that there have not been any changes to May's care needs and to the moving and handling equipment used to assist her with moving in and out of the bath.

Once Jan has prepared the bathroom and assisted May to prepare herself, Jan supports May to sit in the bath lift. As Jan begins to operate the bath lift so that May can get in the bath, the lift stops working.

Discuss:

- 1 How could this situation have been prevented?
- 2 What equipment checks could have been done?
- 3 What impact did this situation have on May?
- 4 What support can you provide to Jan?

LO6 Be able to handle hazardous substances and materials

Getting started

Look around your home and see how many substances and materials you can find that may cause you to become unwell if you come into contact with them. Why are they potentially dangerous? What impact could they have on your health? Why? You could also discuss your findings with a colleague and see if there are any others that you might not have thought about.

AC 6.1 Describe types of hazardous substances and materials that may be found in the work setting

Care settings are the types of environments where [hazardous substances](#) and hazardous materials can be found and therefore it is very important that you know what these are so that you can carry out your duty to promote your own, individuals' and others' safety in the care setting where you work.

Hazardous substances and materials can come in different forms such as liquids, sprays and powder. In a care setting, care workers are likely to encounter these in everyday products such as cleaning detergents, medication and body fluids.

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) that you learned about in [AC 1.1](#) classify hazardous substances into different types depending on the dangers they pose, i.e. toxic, very toxic, corrosive, harmful or irritant.



Key terms

Hazardous substances are substances that have the potential to cause harm and illness to others, for example cleaning detergents, medication, acids and body fluids such as blood and urine. Hazardous materials are materials that have the potential to cause harm and illness to others, for example used dressings or PPE that has come into contact with body fluids.



Figure 4.6 Example of a warning label



Research it

6.1 COSHH Regulations 2002 and labels

Research the COSHH Regulations 2002 and find out the meanings of the classifications of different types of hazardous substances. Produce a poster with your findings.

Find out why the substances are hazardous. You should also find out what the abbreviations for these substances are. Then carry out some research into the different symbols.

There is more information on hazardous substances in [AC 6.2](#).

Evidence opportunity

6.1 Hazardous substances and materials

Find examples of hazardous substances and materials present in your work setting. For each one, write down what type they are and the potential dangers they pose.



Reflect on it

6.1 Protecting individuals

Reflect on the different ways you could protect individuals in your care setting from the dangers of the hazardous substances and materials you identified as being present in the care setting where you work.

AC 6.2 Use safe practices for storing and using hazardous substances and disposing of hazardous substances and materials

For this AC you will be observed using safe practices when storing and using hazardous substances and when disposing of hazardous substances and materials.

Hazardous substances and materials, such as cleaning fluids, medication, body fluids and used dressings, have the potential to cause harm and illness to others when stored, used or disposed of incorrectly. This is why the COSHH Regulations 2002 require your employer to have in place procedures for safely storing, using and disposing of hazardous materials and substances.

Below are some examples of the safe practices to follow.

When storing hazardous substances (such as cleaning fluids and medication) check:

- **Where they are being stored:** the temperature and ventilation of the area need to be checked by you and your employer. Some cleaning substances can be highly flammable and therefore must be kept in an area that is cool and well-ventilated.
- **How they are being stored:** you need to check whether they are being stored in line with the manufacturer's instructions. Hazardous substances need to be stored in their original containers as supplied by the manufacturer, labelled correctly and with their safety lids on and closed. This is so that individuals in care settings do not accidentally mistake them for a drink and swallow them. The COSHH file in your setting will tell you about how to store these substances
- **The precautions to take:** you will need to check whether the necessary storage precautions have been taken, for example to ensure cleaning substances and medication have been stored in secure and appropriate areas. This is to avoid any outbreaks of fires or illnesses, for example. Make sure that you do not change the labels, and that you do not use the same container for storing another hazardous substance.



Research it

6.2 Safe practices

Go to www.hse.gov.uk/coshh/basics.htm for more information on COSHH. This requires that all employers control hazardous substances.

You should also go to www.healthyworkinglives.com/advice/workplace-hazards/hazardous-substances to find out more information on safe handling, use and storage of hazardous substances in the workplace.

Make notes detailing what you learned.

What safe practices do you follow in your work setting for storing hazardous substances?

When using hazardous substances (such as cleaning fluids and medication) check:

- **The label:** always remember that before using a hazardous substance you should check the label for the hazard symbol. You will then need to check the COSHH file to find out about what precautions you need to take and follow the procedures that have been laid down by your setting.
- **How to use them:** you need to check whether PPE must be worn. For some hazardous substances, disposable gloves may need to be worn because if they come into contact with your skin they may cause a skin rash or, worse still, burns.
- **The techniques to use:** you need to make sure the techniques you use are safe. Some cleaning substances must be diluted before they are used, others must not. Medication should not be left unattended as doing so may mean that individuals swallow it or even pass it on to others; this in turn may result in illnesses and even fatalities.
- **The precautions to take:** using warning signs to alert others of the dangers when preparing to use a hazardous substance is important so that you are not interrupted while doing so or distracted from the task. In other words, you should alert others beforehand and also alert them just before you are preparing to use the hazardous substance. Remember to report any incorrect labels, containers and lids to your manager, and also if you see anyone else using these substances incorrectly or in a dangerous way.

When disposing of hazardous substances and materials (such as cleaning fluids, medication, used dressings and PPE with body fluids) check:

- **Where to dispose of them:** the location will vary depending on what the waste is. For example, clinical waste that contains body fluids must be

disposed of separately to general waste, otherwise you risk cross infection – the bags must be labelled and the labels must say what they contain. Sharps must be disposed of separately in a sharps box where they cannot cause an accidental injury, they must be sealed and, like the clinical waste, will be incinerated. Leftover cleaning fluids must be disposed of in a separate utility area where they cannot cause any harm. You will need to make sure that you know all the different types of waste and how to dispose of each safely, including how to label them, especially because you will not be the last person to handle these – someone else will then have to handle the bags and containers, so it is important for their safety that you follow the correct procedures.

- **The techniques to use:** you must know how to dispose of hazardous substances and materials safely, for example by wearing gloves and aprons to prevent pathogens from transferring from hazardous waste; wearing a face mask when coming into contact with body fluids or hazardous substances and by washing your hands after disposing of waste products. These techniques will help prevent cross infection, for example by preventing pathogens present in body fluids from entering the body through the eyes or mouth.
- **The precautions to take:** you should check whether all necessary precautions for the disposal of hazardous waste have been taken so as to avoid accidents, injuries and cross infection.

Your setting should have a COSHH file that should include clear information on hazardous substances. This will include where they are kept, how they are labelled, the effects they have, the maximum exposure you can have to them while staying safe, and what to do if there is an emergency involving any one of them.

Safe practice when working in an individual's home

In an individual's home, cleaning materials may be in a 'downstairs' or kitchen cupboard instead of being locked away. Always return any cleaning materials you use to their appropriate location. If you feel these may pose a risk to either the individual or someone else who visits their home such as a child, then share your concerns with the individual so the appropriate action can be taken.



Research it

6.2 COSHH file

Find out from your manager or employer where the COSHH file is kept in your work setting and the information it contains in relation to storing, using and disposing of hazardous substances and materials. Discuss the key points with your manager.

Does it mention how to store these substances? Does it explain when and in what situations you may need to handle these substances? Does it state the length of time that people should be exposed to these substances? How about the PPE you must wear when handling these substances?

Good practice when dealing with hazardous substances

The Health and Safety Executive's website includes a list of points to follow for good practice in the control of substances hazardous to health. They have been included here but you should go to their website to research these further:

www.hse.gov.uk/coshh/detail/goodpractice.htm

- 1** Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
- 2** Take into account all relevant routes of exposure – inhalation, skin and ingestion – when developing control measures.
- 3** Control exposure by measures that are proportionate to the health risk.
- 4** Choose the most effective and reliable control options that minimise the escape and spread of substances hazardous to health.
- 5** Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
- 6** Check and review regularly all elements of control measures for their continuing effectiveness.
- 7** Inform and train all employees on the hazards and risks from substances with which they work, and the use of control measures developed to minimise the risks.
- 8** Ensure that the introduction of measures to control exposure does not increase the overall risk to health and safety.

Disposal of waste

Research the following waste products and find out how each of these needs to be disposed of. This is important because not disposing of them correctly can lead to illness and infections:

- clinical waste such as dressings
- soiled bedding
- soiled clothing
- recyclable equipment and other instruments
- body fluids
- syringes, needles, sharps.

You could go to the following web page to find out more about these:

www.hse.gov.uk/healthservices/healthcare-waste.htm



Reflect on it

6.2 Consequences

Reflect on the consequences of not following safe practices for storing, using and disposing of hazardous substances and materials. What impact would this have on you? On your work colleagues, team members, individuals and others? On the organisation or employer you work for?

Evidence opportunity

6.2 Safe practices

Identify two different types of hazardous substances that are present in your work setting and demonstrate how you use safe practice for storing and using hazardous substances, and for disposing of hazardous substances and materials. Ask your assessor or manager to observe you doing so.

LO7 Be able to promote fire safety in the work setting

Getting started

Read the article about the Cheshunt care home fire that left two people dead and 33 people in need of rescue:

www.bbc.co.uk/news/uk-england-39540401

What were your immediate reactions and why?

AC 7.1 Describe practices that prevent fires from starting and spreading

Practices that prevent fires from starting

As a care worker, it is important that you know how to prevent fires from starting as well as the correct actions to take to prevent fires from spreading and causing even more danger and harm.

A fire can only start if it has all three of the following: oxygen (present in the air and can be given off by some chemicals), fuel (any item that can burn, i.e. a solid, liquid or gas) and heat (the cause of the fire such as an unattended cigarette or equipment that has overheated or a trailing electrical wire).

A fire will not start if precautions are taken and safe working practices are followed. These include:

- ensuring that all hazardous materials that may be flammable are stored securely, for example in a locked fireproof cupboard
- ensuring that all hazardous materials that are flammable are kept to a minimum, for example by using non-flammable hazardous materials instead
- ensuring that items that may cause fires are removed and controlled, for example by assessing the risks of individuals smoking and putting in control measures, reporting immediately all defects with electrical equipment
- ensuring that safe working practices are used, and there is regular testing of fire safety equipment such as smoke detectors that can alert you to any fires that may be starting. You will also need to assess any hazards and risks that activities such as cooking may pose.

Remember that it is good practice to remain vigilant. Be aware of electrical equipment that may cause a fire hazard, and ensure that people do not smoke inside the building or in an unsafe area. This will vary if you work in the individual's home, but it is good practice to ensure that you are aware of fire hazards.

The [GOV.UK](https://www.gov.uk) website (www.gov.uk) offers some guidance on fire safety in the workplace. They suggest a five-step fire risk assessment:

- 1** Identify the fire hazards
- 2** Identify people at risk
- 3** Evaluate, remove or reduce the risks

- 4 Record your findings, prepare an emergency plan and provide training
- 5 Review and update the fire risk assessment regularly.

You can find out more about these at: www.gov.uk/workplace-fire-safety-your-responsibilities/fire-risk-assessments

Fire precautions in an individual's home

Below are just a few examples of how you may be able to prevent fires from starting if you work in an individual's home:

- Electrical equipment: Ensure that any electrical equipment an individual uses at home is switched off at the mains when not in use; do not buy electrical equipment from unauthorised sellers as they may be unsafe; always follow the manufacturer's instructions when using electrical equipment.
- Activities in an individual's home: Do not leave the hob unattended when cooking, or a cigarette unattended when smoking; do not leave items such as clothes or cleaning fluids next to a naked flame as they may catch fire, for example by the oven or hob.

Practices that prevent fires from spreading

If a fire does start in your work setting it is very important that you follow your work setting's procedures so that you do not put yourself, individuals or others in danger. You will also have received training from your employer in fire safety and have practised what to do in the event of a fire.

There are a number of practices that you can follow to prevent a fire from spreading and therefore minimise the danger, harm and damage that it can cause. For example, by ensuring that:

- All fitted smoke detectors, fire alarms, sprinklers and fire extinguishers are maintained and in good working order so that they will work quickly and effectively in the event of a fire starting. You can do this by testing them. You should report any defects you or others notice.
- Smoke detectors and sprinklers are not obstructed with items that are piled up underneath them so that they work effectively in the event of a fire. You can do this by completing health and safety checks on a regular basis.
- Windows and doors are kept closed to keep the fire contained.
- You know what to do when a fire starts and are able to keep the fire contained until help arrives, for example by using a fire extinguisher, but only if you have been trained to do so and if it is an agreed way of working.



Reflect on it

7.1 Your role and responsibilities

Reflect on your role and responsibilities for preventing fires from starting and spreading. If you are unsure about any fire safety aspects, reflect on who and where you can go to for information and guidance.

Evidence opportunity

7.1 Practices that prevent fires from starting and spreading

Describe to your assessor the practices that you use in the care setting where you work that prevent fires from starting and spreading. Do you feel confident in following these practices? If not, what do you need to do? Perhaps you may need further fire safety training or to read through your work setting's fire safety procedures. Write an account to evidence your discussion. You may wish to do some further research before your discussion.

You can find out more information about these practices in your work setting's fire safety procedures.

Your employer's responsibilities

Your employer has responsibilities with regards to fire safety. These include:

- appropriate fire safety guidance and training, which you must attend. You must also ensure you keep your knowledge about fire safety practices up to date



Research it

7.1 Fire extinguishers

It is important that you know that there are different types of fire extinguishers. These are labelled with instructions and will clearly say whether they contain 'water', foam or powder, for example, and they will also include instructions on how to use them. While you do not need to know everything about each type of fire extinguisher, it is important to know which ones are in your setting, understand how to use them and

receive training in this if it is part of your agreed ways of working.

Go to the following website to read about some of the different types of extinguishers, what they are used for, the dangers around using them, how to use them and how they work:

www.fireservice.co.uk/safety/fire-extinguishers

This is not a substitute for training, but it will help you gain an understanding of the different fire extinguishers.

- fire safety procedures clearly displayed, and accessible for all those in the setting
- clear fire exit signs, and fire doors
- fire safety equipment, such as correct fire extinguishers, in the setting
- following legislation and regulation with regards to fire safety, including having a fire drill and confirming the actions to take in the event of a fire.

You should know not only what your personal responsibilities in an emergency are but also who else is responsible and what they are responsible for.

AC 7.2 Demonstrate measures that prevent fires from starting

Fire safety involves taking preventative action so that fires do not start. As well as the practices described in [AC 7.1](#) that you can follow there are also other practical measures that prevent fires from starting.

It is important that you are aware of these because you will need to demonstrate for this AC that you can put these measures into practice. Some examples of these include:

- **Smoke free areas:** restrictions on smoking may vary across different work settings but ensuring that, for example, smoking is only done off the premises, in a designated area, not at night or not in individuals' rooms can reduce the risk of a fire being caused.
- **Waste collection:** the accumulation of waste such as paper and dust over time can lead to the build-up of flammable material that may ignite should a fire start. By keeping all areas clean and free from waste, the risk of a fire starting can be minimised.
- **Maintenance of electrical appliances:** ensuring all electrical appliances are tested for their safety before they are used. In this way, they will be less likely to cause a fire.
- **Sources of heat:** ensuring that portable heaters or electrical fires are not used where possible and that if they are used they are not placed next to, for example, clothes or paper that may ignite and lead to a fire starting.
- **Supervision of work activities:** ensuring cleaning and maintenance of all areas are completed regularly and in line with the employer's agreed ways of working. Ensuring high risk activities such as cooking, for example, are completed safely and are supervised when required so that they do not lead to any fires occurring.



Reflect on it

7.2 Your role in preventing fires

Think about the precautions you take as a Lead Adult Care Worker and support others to take to prevent fires from starting. How effective are your practices and those of others? What could you or others do to improve these?

Evidence opportunity

7.2 Demonstrating measures that prevent fires from starting

Identify two team members who would benefit from additional guidance and information about fire safety. Demonstrate to them the measures that prevent fires from starting; give explanations while you demonstrate these measures. At the end of your demonstration ask both team members what their understanding is of the measures they can take to prevent fires from starting.

Make sure you ask your assessor or manager to observe you.

AC 7.3 Explain emergency procedures to be followed in the event of a fire in the work setting

Your work setting's fire safety procedures will detail the emergency procedures you must follow in the event of a fire in the work setting. It is important that you read through and understand what these are so that you do not place yourself or anyone else in danger as these will vary depending on the care setting where you work and your job role.

Most fire safety procedures will include the following points:

- 1** Raise the fire alarm. Do this as soon as possible. Delaying may allow the fire to spread which could result in fatalities.
- 2** Call the emergency services on 999 or tell someone else to do this immediately.
- 3** Make sure you ensure the safety of others and that they are moved away from any danger. Your setting will have procedures in place dealing with different people, for example how to safely move people who are not mobile. This might include the use of wheelchairs, and how to move bed-bound individuals. Make sure you know about the evacuation procedures.
- 4** If you have received training and if it is an agreed way of working, you can use the correct fire extinguisher to put out the fire.
- 5** Go to the designated assembly point. Workplaces have fire drills to ensure that you know where this is and so you understand the procedure of what to do in the event of an actual fire. This is so that you can leave the building quickly in the event of a fire and support others to do the same.
- 6** Do not return to the building. You will be told when it is safe to do so. Returning to the building may place you in danger and you may not be able to get back out. Someone else would then have to risk their life to try and find you and bring you to a place of safety.
- 7** Reflect on your practice. You will need to consider what worked well, what didn't and why, and what you can do to improve. This is so that in the event of a fire occurring again you can ensure that you are practicing to the best of your ability.

The 'dos and don'ts' table includes some of the key actions to take that apply to all care settings in the event of a fire.



Reflect on it

7.3 Fire emergency procedures

Reflect on the importance of being familiar with the fire emergency procedures in place in the care setting where you work. How can this help you in promoting fire safety in the event of a fire? How can this reassure the individuals you provide care or support to?

Dos and don'ts when there is a fire emergency	
Do	Immediately alert others that there is a fire (check what to do in your work setting, it may vary from sounding the alarm to alerting a senior member of staff).
Do	Control and contain the fire (only if you have been trained and it is safe to do so).
Do	Contact the fire brigade (check what to do in your work setting. Some fire alarm systems automatically dial the fire brigade; sometimes only allocated members of staff can contact the fire brigade as they have been trained to do so). The fire brigade will require information from the contact person, such as their name, address and details about the fire, for example where it is, how far it has spread, the type of care setting it is and whether anyone is in danger.
Do	Assist with ensuring everyone is in a place of safety either inside or outside of the building. For example, visitors could be supported to leave the building by the nearest fire escape route, individuals who are unable to mobilise can remain in their rooms providing their doors and windows are closed until the fire brigade arrives.
Do	Try to remain calm and wait until the fire brigade informs you that it is safe to re-enter the building.
Do	Walk calmly when exiting. Assemble outside the building in line with your work setting's agreed ways of working.
Don't	Run, as this may cause others to panic and may lead to slips and falls.
Don't	Stop or re-enter the building for any personal items as this could place you in danger. Others may not know that you have returned and may therefore be unaware that you are in the building. Assemble outside the building in line with your work setting's agreed ways of working.
Don't	Panic – remember if you stay calm this will be reassuring for others.



Research it

7.3 Your work setting's fire emergency procedures

Research your work setting's fire emergency procedures. Discuss with your

manager the steps you are required to take in the event of a fire in the care setting where you work and the reasons why you should take these steps.

Evidence opportunity

7.3 Emergency procedures

Produce a written account explaining the emergency procedures you must follow and actions you must take and not take in the event of a fire in the work setting. Use diagrams and relevant images.

AC 7.4 Ensure clear evacuation routes are maintained at all times

In order to be able to safely exit a building where there is a fire, it is very important that your work setting's fire escape routes are kept clear at all times. If they are not kept clear, this may prevent you and others from evacuating the building, which places you and others in danger and/or may result in slips, trips and falls.

You will be observed for this AC ensuring that you keep evacuation routes clear at all times. This is not just something you demonstrate you can do as a one off, but will form part of your fire safety checks.

You may work in a variety of different work settings, including individuals' homes and residential care homes and so it is very important that you are aware of the escape routes for each setting that you work in because they are the means for ensuring your safety and that of others.



Research it

7.4 Fire escape routes in your setting

Research where the fire escape routes are in the care setting where you work. How many fire escape routes are there? Why? You will find your manager a useful source of information.

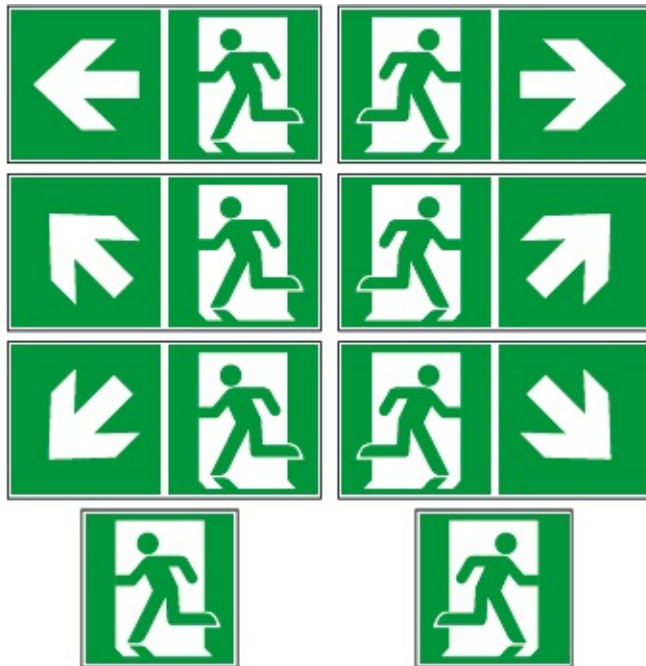


Figure 4.7 Do you know what these fire escape signs mean?

Fire evacuation routes must be:

- clearly signposted, i.e. they must indicate where the fire escape route and exit is
- well-lit so that they can be easily located at night or if there is smoke. Well-lit routes can also help individuals with vision loss to locate these
- fitted with fire safety equipment, for example there must be fireproof doors and fire extinguishers
- suitable as an escape route, for example they must not be too narrow and they should be fitted with handrails
- safe to use with no obstructions, such as boxes or mobility appliances, that can make it difficult to escape in an emergency. They must have floor coverings that are not worn or damaged. Wear and tear in floor coverings can cause trips and falls.



Reflect on it

7.4 How can you ensure fire escape routes are safe?

Reflect on how you and others can ensure that fire escape routes are safe to use. You could think about the checks that are carried out.

Evidence opportunity

7.4 Importance of maintaining clear evacuation routes

Show your assessor or manager how you ensure the evacuation routes of where you work are kept clear.

LO8 Be able to implement security measures in the work setting

Getting started

Think about an occasion when you were visiting a building or premises and you were asked to confirm who you were. What were you asked about yourself?

Think about an occasion when you requested information over the telephone in relation to yourself. For example, this may be in relation to blood test results or a doctor's appointment. How did the person on the other end of the telephone check that you were who you said you were? How did this make you feel?

AC 8.1 Follow agreed procedures for checking the identity of anyone requesting access to premises and information

Promoting health and safety at work involves putting into practice **security measures**, such as checking the **identity** of all visitors. This is because care settings are environments where individuals who have care or support needs live. Due to their conditions or disabilities, they may be more susceptible to not realising the dangers of bogus visitors claiming to be, for example, contractors or adult care workers. Implementing security measures in care settings, therefore, is everyone's responsibility so we can ensure that all settings are kept safe for you, the individuals you support and others with whom you work.

You will be observed for this AC following your setting's procedures or your employer's agreed ways of working for checking the identity of those who want access to the premises and to information.



Key terms

Security measures are safety measures, which can include checking an individual's identity, and the use of identity and visitor badges.

Identity in the context of handling information means confirmation of who a person is, for example their name, who they work for and who they are visiting.

Agreed ways of working will include policies and procedures where these exist; they may be less formally documented with smaller employers.

Requesting access to premises

The **agreed ways of working** or the procedures to be followed for checking the identity of anyone requesting access to the premises where you work will vary depending on your work setting and job role. For example, you may be required to refer anyone requesting access to the premises to a senior member of staff or you may be required to check the person's identity yourself. Your work setting's procedures will provide you with guidance on what to do. Whatever the procedures, it is important that you safeguard individuals against unwanted visitors and intruders, and protect individuals' private property and information.

Below are some examples of good practice security measures that you can follow.

Before allowing a visitor access to the premises

- **Stop and think:** before you let the visitor enter into the premises, stop and think. Consider whether the visitor is known to you or anyone else, whether the visitor has got an agreed appointment with anyone, whether you can check this information with anyone, such as your manager or the person they have an appointment with; if you do check this information with someone else, remember not to let the person enter the premises until you have done so, i.e. politely ask them to wait outside. It is good practice to be vigilant and question anyone that you do not recognise. For example, if you see someone in the setting that you have not seen before, go over to them and ask them if you can help them. If they say they are visiting someone, you could ask them who and why and escort them to where they need to go. Make sure that you stay with them. This is also covered in the section below. You may also need to check the individual's file to see if there are any reasons you cannot allow visitors. This might be for medical reasons, for example, or to safeguard the individual but you will need to be aware of the reasons.
- **Use security measures fitted to the premises:** these can include a spy hole, a door chain, or the intercom system; you could even look through the window to check the identity of the visitor. Your setting may have electronic entrance systems where identity passes are required for access, or a code is required to enter. You may need to use a key safe to enter into an individual's home. These measures are to help to ensure intruders do not enter the premises.
- **Check the person's proof of identity:** if the visitor gives you an identity card, check that the person looks like the person in the photo and their name matches who they say they are; you could even ring the organisation they say they are from to further confirm their identity.

If you are unsure about the person's identity do not allow them to enter the premises until you have sought advice from your manager explaining what your concerns are. It may be necessary to call the police.

If the individual you support says they do not wish to receive the visitor, then you must deny the visitor access in an assertive but polite tone. Remember the principles of person-centred care that you have learned about. If the person is a family member and still requests access, you must remember that the individual you care for is your priority and you must respect their wishes. You could apologise and explain that if the individual changes their mind, you will give

them a call.



Research it

8.1 Unwanted visitors

Research an occasion reported in the media where an individual with care or support needs was targeted by bogus callers. Share the news story with a colleague and discuss what happened and the impact it had. An example of such a news story is available below:

www.bbc.co.uk/news/uk-scotland-south-scotland-34346274

After allowing a visitor access to the premises

Once you have confirmed a visitor's identity you can allow them to enter the premises. The 'dos and don'ts' table on page [176](#) outlines important points to remember when dealing with visitors.

Requesting access to information

The agreed ways of working or the procedures to be followed for checking the identity of anyone requesting access to information where you work will also vary depending on your work setting and job role. For example, you may be required to pass a request for information from an individual's relative on to the manager or you may respond to an email that has been sent by an individual's advocate in relation to their daily activities.

Under the Data Protection Act 1998 (replaced by the GDPR in 2018) you have a responsibility to ensure that you keep safe and secure all personal information you come across about individuals. This may be in relation to their health, care needs or preferences. You will also need to obtain the individual's permission to do so; unless of course it is an emergency or the information is needed to provide care or support to an individual. Doing so will not only ensure that you respect individuals' rights to privacy but will also mean that individuals will learn that they can trust you and feel able to confide in you. You will learn more about the requirements of the Data Protection Act 1998 in [Unit 304](#) Promote effective handling of information in care settings. Remember that this was replaced by the GDPR in May 2018, which is also mentioned in the legislation section in that unit.

Dos and don'ts for dealing with visitors	
Do	Ask them to sign in as a visitor with their full name, the company they are from, the date and purpose of their visit.
Do	Ask them to wear a visitor's badge so that others are aware of who they are.
Do	Explain to them that you have let the person they have come to visit know that they have arrived and that they are expecting them.
Don't	Allow the visitor access to the premises if they have not signed in.
Don't	Allow the visitor access to the premises if they are not wearing their visitor's badge. In some settings, name badges may not be a requirement as this may unsettle individuals but your workplace will have procedures in place with regards to name badges for security purposes. You should check what the policy and procedures are.
Don't	Allow the visitor to walk through the premises unescorted by you.



Research it

8.1 GDPR

Go to the following website:

www.eugdpr.org

Conduct some research into the General Data Protection Regulation 2018. How does this affect your role when ensuring you uphold security measures and deal with information in ways that protects confidentiality?



6Cs

Commitment

This involves being dedicated to good practice and doing your very best to place the individual's needs first, ensuring that the way you work has their best interests at heart. This is important for the provision of person-centred care and for establishing good working relationships with individuals. You can show your commitment to following good practice by ensuring individuals understand why information is disclosed to others and what efforts you and others have made to keep it private and secure.

Below are some examples of good practice security measures that you can follow.

- **Check that the person requesting the information has a right to know it:** you will need to check with your manager whether you are able to disclose the information requested. If not, you will need to find out the reasons why so that these can be explained to the person requesting access.
- **Check that you have the individual's consent to provide information:** if you do have the individual's consent to provide information then you must always check the identity of the person and the purpose of their request. You may have to do this in person, over the telephone or in an email, depending on the nature of the enquiry.



Reflect on it

8.1 Personal information

Reflect on how you would feel if you told a friend something personal about yourself in confidence and then found out that they had shared this personal information without your consent with the rest of their friends.

Evidence opportunity

8.1 Agreed ways of working for checking identity

You will be observed for [AC 8.1](#). Demonstrate to your assessor how you check:

- 1 the identity of a contractor requesting access to the premises
- 2 the identity of a social worker requesting access to an individual's support plan.

This should be in line with your current job role and the agreed procedures to follow in the care setting where you work. Follow up your demonstration with a professional discussion with your assessor.

If you have to provide information to others without informing the individual, for example when a health emergency occurs, it is good practice to inform the individual afterwards that you did so and the reasons why. In this way you can show your commitment to upholding the individual's rights.

AC 8.2 Use measures to protect own security and the security of others in the work setting

There are a number of measures to protect the security of care workers and others in the care setting. This can include identity checks that you learned about in [AC 8.1](#), such as security passes for access to the setting, a policy of distributing visitor badges, and password and firewall systems to protect digital personal data. Here we discuss some of the measures you can put into place to protect your own security and the security of others in the work setting.

It is important that you know how to put these into practice to protect your own security and the security of others. You will be observed doing so for this AC.

- **Maintain everyday security of the premises:** this can include completing daily health and safety checks, such as checking rooms and communal areas, checking the doors close securely and that windows are not left open at night, checking visitor badges and ensuring that any security codes for entry to the premises or different rooms are changed regularly to keep them safe.
- **Reflect on your day-to-day practices and those of others:** this can include discussing with your colleagues what security checks have been carried out and reflecting on the security checks that require improvement and the benefits of doing so.
- **Follow your agreed ways of working for lone working:** this includes ensuring others know your whereabouts at all times and signing in and out of the premises.
- **Follow your agreed ways of working for security:** this includes ensuring visitors sign both when they arrive and leave the premises and keeping any passwords that you may have, such as on key pads on doors, confidential to protect the security of both the premises and all those on the premises.
- **Follow your agreed ways of working for ensuring the security of individuals' personal property and valuables:** this includes recording what items and valuables individuals have with them in the setting, and knowing what to do when things go missing in the setting.
- **Follow your agreed ways of working for security emergencies:** this includes immediately reporting all security emergencies that may arise, such as lost keys for a filing cabinet that contains individuals' personal records, or a broken window or faulty door latch.
- **Attend training:** this includes accessing training and information provided by your work setting about how to protect your security and the security of others

at all times.



Research it

8.2 Daily checks

Research the daily health and safety checks that must be carried out with respect to security in your work setting. Your manager and your work setting's procedures are good sources of information.



Reflect on it

8.2 Lack of security

Reflect on an occasion you or someone you know experienced a lack of security. You can reflect on the impact this had, the reasons why it happened, whether it was addressed and, if so, how.

Evidence opportunity

8.2 Implementing security measures

You will be observed for [AC 8.2](#). Demonstrate to your assessor how you used two security measures in your work setting to protect your own security and the security of others. Follow up your demonstration with a professional discussion with your assessor.

If you are a lone worker how do you maintain your own security, and that of the individual and their home? You might need to discuss different security measures to take with the individual and why these are important, such as not leaving windows open at night or checking contractors' identities when they visit.

Lone working

There are procedures in place for all lone workers to ensure their safety is maintained at all times. Working safely as a lone worker involves always ensuring others know your whereabouts so that they can call for help on your

behalf if they become aware that you may be in danger. For example, if you are supporting an individual to go out one evening, ensure you check the individual's risk assessment for anything you need to be aware of. For example, the individual's mental health may have deteriorated and you may need to check if it is still appropriate to support this individual to go out with you on your own. If you do go out with the individual, ensure others know what time you are going out, where you are going and how long you are likely to be. You will need to ensure that others can contact you and that you can contact others so you may need to take a mobile phone with you.



Case study

8.1, 8.2 Implementing security measures at work

Enzo is a care worker in a nursing home for older adults who have a range of different conditions. During the very busy morning shift Enzo hears the front door bell ring. As it is usually the senior care workers' responsibility to answer the front door, he ignores it. Approximately five minutes later the person is still ringing the doorbell. Enzo goes to look for one of the senior care workers on duty; one is on her break and the other is in the middle of the medication round and cannot be disturbed. Enzo walks past the front door and the person standing on the doorstep looks a little familiar and waves excitedly at Enzo to let her in.

Discuss:

- 1** Do you think Enzo should let the person in? Why?
- 2** What would you expect Enzo to do in this situation if it occurred in your work setting? Ensure your response is in line with your work setting's agreed ways of working.
- 3** What would you say to Enzo? Why?

AC 8.3 Explain the importance of ensuring that others are aware of your whereabouts

The importance of others being aware of your whereabouts

Ensuring that others are aware of your whereabouts is very important when working in care settings in the event of an emergency, such as a fire. Recap your previous learning for [AC 7.2](#) around the emergency procedures to be followed in the event of a fire, including the reasons why it is important that the fire brigade is aware of everyone's whereabouts.

Ensuring others are aware of your whereabouts is also important in the event of your colleagues requiring your immediate assistance, for example in the case of an individual having a fall or becoming unwell. For other examples of accidents and sudden illnesses that may occur, recap your previous learning for [AC 3.1](#).

It is also important that others are aware of your whereabouts so that they know you are safe. You may be working with individuals who have a history of violence or you may work with individuals in their homes, so there are risks that you may face.

How to make others aware

You can make others aware of your whereabouts by:

- signing in and out every time you enter and leave the premises
- letting your colleagues know if you are working after office hours
- informing a named person of your whereabouts if you are not working in the premises. You may need to inform your colleagues that you will be visiting an individual in their home or meeting with a professional in their office, for example. Make sure they know details of where you will be and what time you will return.

Accessing immediate help can only be done if others are aware of your whereabouts. Ensuring you comply with your work setting's lone working, staff welfare and health and safety policies and procedures is central to maintaining your own security and that of others.

Precautions to take when outside the setting

You will need to make sure that you have some training in how to protect yourself both in the setting and when working alone. This might include self defence training in the event of a violent situation. The trainers or your manager

will be able to support you with advice and ways to address situations where you feel threatened. You will also need to be aware of other precautions that you can take such as carrying a panic button or personal alarm so that you are able to call for help. There may also be a policy where lone workers are required to call or ring in, and there may even be trackers on mobile phones.



Research it

8.3 Lone working

Research your work setting's procedures for lone working and personal safety while at work. Produce an information leaflet with your findings.



Reflect on it

8.3 Consequences

Reflect on the consequences for you and others if you do not follow your work setting's procedures for maintaining your personal safety while carrying out your day-to-day work activities.

Evidence opportunity

8.3 Informing others of your whereabouts

Make a list of the people you inform of your whereabouts during your day-to-day work activities. This could include people from your work setting as well as others you know outside your setting. Write an account explaining why you should make others aware of your whereabouts. If you work in an individual's home, who do you inform of your whereabouts?

What agreed ways of working underpin your practices? Where can you find these? Who could you go to if you require additional information about these?

LO9 Know how to manage stress

Getting started

Think about an occasion when you felt stressed.

What made you feel stressed and why? How did you feel physically? How did you feel emotionally? Did you notice any changes in how you were behaving on a day-to-day basis? For example, did you find yourself becoming very tearful but not knowing why or did you feel very negative about yourself? Did you become irritable towards others without meaning to, or find that you couldn't sleep or concentrate very well?

AC 9.1 Describe common signs and indicators of stress in self and others

Our busy day-to-day lives mean that we frequently experience varying types of pressures, not just at work but also in our personal lives. It is when these pressures begin to build that they can result in us feeling unable to manage with our day-to-day activities. This is often referred to as **stress**.

If stress is not managed in its early stages it can have a significant impact not only on people's health and well-being but also on the workforce in adult care settings. For example, the Health and Safety Executive states that the statistics from the [Labour Force Survey \(LFS\)](#) show that:

The total number of cases of work-related stress, depression or anxiety in 2015/16 was 488,000 cases, a prevalence rate of 1510 per 100,000 workers.

In 2015/16 stress accounted for 37 per cent of all work-related ill health cases and 45 per cent of all working days lost due to ill health.

By occupation, jobs that are common across public service industries (such as healthcare workers, teaching professionals, business, media and public service professionals) show higher levels of stress compared to all jobs.

The main work factors cited by respondents as causing work related stress, depression or anxiety (LFS) were workload pressures, including tight deadlines and too much responsibility and a lack of managerial support.

Source: *Health and Safety Executive (2017) 'Work-related Stress, Depression or Anxiety Statistics in Great Britain 2016'*



Key terms

Stress is the body's physical and emotional reaction to being under too much pressure. It can have positive as well as negative effects, but in this unit the word is used to refer to negative stress.

The **Labour Force Survey (LFS)** is a study of the employment circumstances of the UK population. It is the largest household study in the UK and provides information in relation to employment and unemployment.



Research it

9.1 'Fight or flight' response

Research what happens in your body when you are stressed, known as the body's 'fight or flight' response. You may find the link below useful:

www.psychologistworld.com/stress/fight-or-flight-response

Explain the 'fight or flight' response to a colleague.

The first step to prevent your stress from developing into something more serious involves being aware of the common signs and indicators. Although these vary from person to person and you may not experience all of these, it is still very important that you know about them in the event of you experiencing them in the future and so that you know you are not the only one who sometimes feels this way. It is also important that you are able to recognise these signs in others so that you can offer them support if they need it.

Signs and indicators of stress

- **Physical signs and indicators:** these can include tenseness, rapid heartbeat, high blood pressure, strokes, dizziness, nausea, diarrhoea or constipation, headaches and migraines. Other physical illnesses caused by stress include colds, cold sores and menstrual issues. These physical symptoms develop because it is how our bodies respond to stress, sometimes known as the 'fight or flight' response.
- **Emotional signs and indicators:** these can include low moods, feeling irritable, feeling anxious, an overwhelming sense of being unable to cope, feeling unhappy or angry.
- **Mental signs and indicators:** these can include difficulties with concentration and memory, having racing thoughts and being unable to think logically.
- **Behavioural signs and indicators:** these can include being unable to sleep or sleeping too much, eating more than usual or eating a lot less, and withdrawal from situations, particularly those that involve speaking with and socialising with others.



Reflect on it

9.1 Effects of stress

Reflect on the impact of the effects of stress on you at work. For example, how might this affect the way you interact with individuals or others who visit the care setting where you work?

Describe the common signs and indicators of stress in others. How do these compare with yours?

Provide a reflective account.

Evidence opportunity

9.1 Common signs and indicators of stress

Discuss with a colleague the main ways that stress affects you both. What signs and indicators did you have in common? What differences were there between the way you both experienced stress? Provide a written account describing common signs and indicators of stress in self and others.

AC 9.2 Analyse factors that can trigger stress

The second step in preventing your stress from developing into something more serious is recognising that there may be specific circumstances and factors that tend to trigger stress in yourself and others. Again, what causes stress is different for everyone and depends on what is important to you as well as how able you are at dealing with difficult circumstances. This is often referred to as resilience.

[Figure 4.8](#) identifies some examples of circumstances and factors that tend to trigger stress.

It is very important to know what triggers stress in yourself and others because in this way you will be able to recognise why you or others are behaving differently. Being supportive and empathetic is a must; not being so can add more pressure, putting you and others under even more stress. In addition, understanding the reasons why you are stressed can help you rationalise why you feel the way you do so that you can go about trying to manage it.

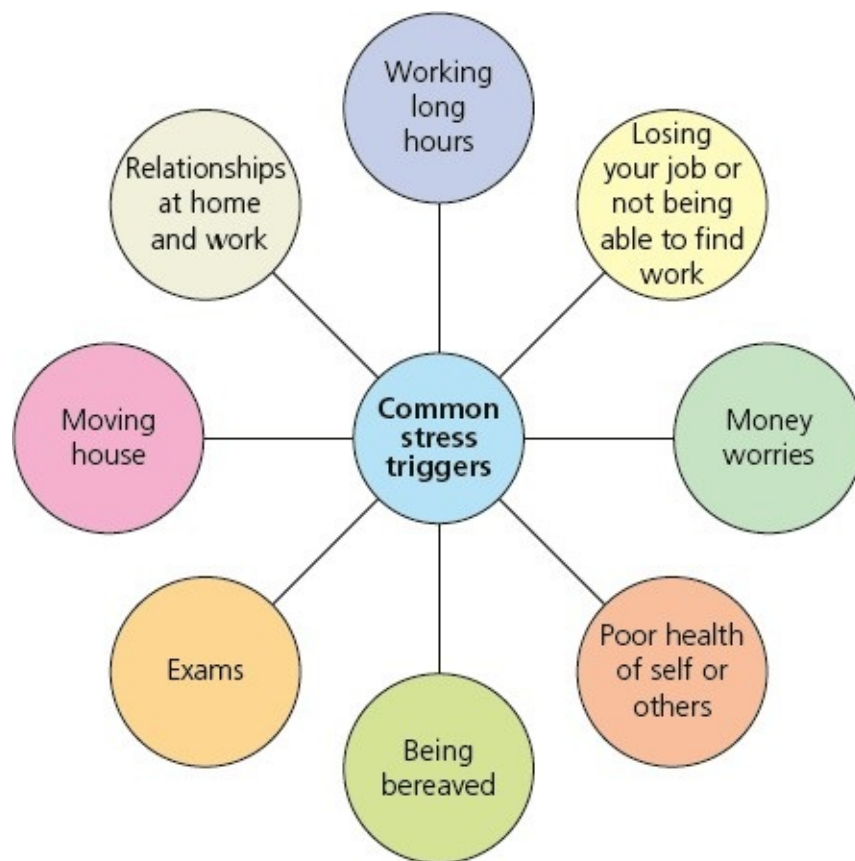


Figure 4.8 What triggers your stress?

For example, perhaps a team member you supervise at work is finding working with an individual very stressful because of their challenging needs. As result, they have become very irritable at work and have mentioned that they are not sleeping well. If you know that this is the cause of their stress then you can discuss with the team member what additional support they would like, for example additional training, other ideas for ways of working with the individual, support from you when working with the individual such as working in pairs so that you can role model how to work effectively with the individual.

Another colleague may be experiencing family or relationship problems at home; consequently they are finding it difficult to concentrate at work and are getting upset frequently. You could discuss their triggers with them and suggest that they access support from someone independent to help them with the problems they are experiencing at home. You could also perhaps suggest to your employer or manager that they consider giving the person some time off work, or reduce their workload for a time limited period so they can deal with their difficulties at home. Doing so may help them to understand their stress triggers so they are more able to take the necessary actions to manage them effectively. You will learn more about managing stress in [AC 9.3](#).



Reflect on it

9.2 Reasons for stress

Remember, it is important to be aware of the circumstances and factors that trigger stress both at work and outside work.

- Reflect on three reasons for being stressed at home.
- Reflect on three reasons for being stressed at work.
- Reflect on three main reasons for an individual with care or support needs being stressed.

Evidence opportunity

9.2 Circumstances and factors that trigger stress

Analyse the different factors that can trigger stress. This can include work-related factors or those outside of work. If you work with others, you might like to compare with a colleague the differences between factors that trigger stress. Does the impact of the stress triggers vary between the two of you?

Assess the benefits of knowing what these triggers are and their impact.
Provide a written account.

AC 9.3, 9.4 Compare strategies for managing stress in self and others and explain how to access sources of support

Managing stress

Once you have identified that you or others are displaying signs of being stressed and can identify the triggers for this, then you can begin to look for a way of managing stress. As you know, everyone experiences stress differently and therefore the ways that can be used to manage it are varied. Remember one size does not fit all – what works for one person may not for another.

Finding ways of managing stress positively means that you will be more likely to avoid the ways that are not beneficial, such as by smoking heavily, ‘comfort’ eating or drinking excessive amounts of alcohol; all of these are associated with serious health conditions, for example heart attacks and liver cancer.

Positive ways for managing stress can include:

- **Being active:** not only physically but mentally too. For example, by going for a walk in the evening after a long shift at work or doing a crossword. Both activities can help with refocusing your mind and therefore reducing your body’s stress levels. You will also feel a lot calmer and able to think clearly again.
- **Staying positive:** thinking about what is going well rather than dwelling on what is going wrong will help you feel more in control and able to deal with difficult situations that may arise, such as the bereavement of someone close to you; you can perhaps think about what that person would have wanted for you and how you could make them proud by showing them you are in control of your life.
- **Being in contact with others:** agreeing to meet up with friends for a social occasion even when you are feeling in a low mood can prevent you from becoming isolated from others, as isolation can make you feel less confident in yourself. Meeting up with others can be a much welcomed distraction and you may find out about circumstances that your friends are experiencing that may be similar, and help you put things in perspective.
- **Helping others:** doing something for someone else can make you feel good about yourself and is a perfect way to boost your self-confidence when you are feeling anxious or withdrawn. You will at the same time meet different people

and learn new skills, all examples of things that can make you feel positive about yourself and make your stress less overwhelming.

- **Learning to say ‘no’:** this is a useful skill to have that takes some practice! It involves being in control of your stress and being aware of what your limits are.
- **Making time for yourself:** it is very important to take time out to stop and think. Being calm and quiet can help you focus on what is important and put things into perspective.
- **Accessing sources of support for stress:** this involves being honest and courageous.



6Cs

Courage

Showing courage when accessing [sources of support](#) is important so that your stress does not become worse. If it does, it could affect not only the quality of the care or support you provide to individuals but also the relationships you have with your colleagues as you may behave in ways that they are not used to, such as getting upset and becoming irritable very quickly. You can show your courage when managing stress by not being afraid to say ‘Help!’



Key terms

Sources of support may include formal and informal support, supervision and appraisal, either within or outside the organisation. For more information on sources of support, refer to [Unit 301](#) Promote personal development in care settings.



Reflect on it

9.3 Dealing with stress

Reflect on an occasion when you dealt with stress negatively. Why do you

think you did so? How did it make you feel? Is there anything you would do more positively if it happened again?

How to access sources of support

Formal and informal support

Meeting with your manager at work and discussing the triggers for your stress can help with putting together a plan of action, such as providing you with additional support from a more experienced colleague when working to meet the needs of an individual whose behaviour challenges. Informal support, such as from your colleagues at work, can also be useful in terms of providing useful suggestions for managing stress, for example by socialising or talking through difficult situations that have arisen, like the bereavement of an individual with care needs who you have worked alongside for many years. Workers from outside agencies such as bereavement counsellors can also provide support and understanding at times when you need it most. You could contact a bereavement counsellor directly yourself or by being referred through your employer or GP.

Supervision

Supervision can help you have some protected time with your manager that focuses solely on how you are managing with your day-to-day responsibilities. Supervision can provide you with an opportunity to share your anxieties and discuss what can be done to manage these. This may involve accessing support from outside professionals who can provide training and information on how to develop specific skills and knowledge. Your manager can also help you to identify what circumstances you have managed well and the techniques you used to do so.

Appraisal

An appraisal provides you with time to reflect and think about what you have learned, what you have achieved and what you would like to achieve next. With the help of your manager, you will be able to assess how well you have carried out your day-to-day working tasks and whether any improvements are needed. This is an opportunity to celebrate your achievements; a positive frame of mind is needed for this! It also provides you with time to think about what you would like to achieve next, for example a new skill or area of knowledge. Setting yourself targets to achieve makes you feel in control and is an excellent way to build your confidence.

Within the organisation

For more information on sources of support you can refer to [Unit 301](#) Promote personal development in care settings. Your manager or employer would usually be your first source of support. There may also be a colleague or another team member that you may approach who knows you well or who has been in a similar situation to you and therefore understands how you are feeling. Your setting may provide additional support and information on dealing with stress in the form of leaflets, or a support group.

Beyond the organisation

For more information on sources of support you can refer to [Unit 301](#) Promote personal development in care settings. There are many different sources of support that you could access such as a confidential helpline where you can talk to someone in confidence or you could approach your trade union if you are a member. There may be a local or national group that you could approach for support. Some examples of external sources of support include:

- **SupportLine:** offers confidential emotional telephone support in the UK
- **ACAS:** provides information about managing work-related stress
- **MIND:** the mental health charity that offers information, support and guidance in relation to stress.



Research it

9.4 Procedures for accessing support

Research the procedures that you must follow in your work setting to access support for managing your stress.

Evidence opportunity

9.3, 9.4 Managing stress and accessing support

Compare strategies for managing stress in yourself and others. What strategies do you find are most effective for you to manage your stress? What strategies do others use? Assess the pros and cons of each strategy; which ones work best for managing your stress? Why? Provide a written account.

Explain to your assessor the support available in your work setting for helping you to manage your personal stress and how to access this. Did you find out anything you did not know about? You could also provide a written account to evidence your discussion.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor who will be able to provide more guidance on how you can evidence your knowledge and skills.

Where you are observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested methods to show your knowledge/skills
LO1 Understand your responsibilities and the responsibilities of others, relating to health and safety in the work setting	
1.1 Reflect on it (page 120)	Write a short reflective account.
1.1 Research it (page 122)	Write down your findings. Or you could produce a handout.
1.1 Evidence opportunity (page 122)	Provide a written account as instructed in the activity, or you could produce a poster.
1.2 Research it (page 122)	Write down your findings and responses.
1.2 Reflect on it (page 123)	Address the questions in the activity. Write a short reflective account.
1.2 Evidence opportunity (page 123)	You can discuss this with your assessor or manager. Remember that your manager will be able to provide a witness testimony. You could also provide a written account or a presentation that details the key points of the health and safety policy and procedures agreed with your employer in your work setting.
1.3 Reflect on it (page 125)	Write a reflective account about your responsibilities with regard to health and safety. Analyse what these are and how they vary compared to others' responsibilities. You could, for example, examine how effective you are in carrying out your roles and responsibilities.
1.3 Research it (page 126) 1.3 Research it (page 126)	Provide a written account detailing information about the training that your employer has planned. Research workers' and employers' responsibilities and provide a written account. Make sure you address the questions and points in the activities.
1.3 Evidence opportunity (page 127)	Produce a written account about how health and safety is maintained in the care setting where you work. Or, as mentioned in the activity, you could prepare a written account comparing and contrasting your responsibilities with those of your employer/manager and two others. You could also write a personal statement that analyses the health and safety responsibilities for you as employee, your employer or manager and others in the care setting where you work. Remember to include examples of the different types of health and safety responsibilities for everyone.
1.4 Reflect on it (page 127)	Write a reflective account answering the questions in the activity.
1.4 Evidence opportunity (page 128)	Address the points in the activity and write a self-reflective account of your findings. You could also discuss the reasons why the tasks must not be carried out unless you have been trained and are competent to do so.

Suggestions for using the activities

LO2 Be able to carry out your responsibilities for health and safety

2.1 Reflect on it (page 129)	Provide a reflective account addressing the points. Or discuss the procedures that you are expected to follow for reporting health and safety risks that have been identified with your manager. Write a short reflective account.
2.1 Research it (page 130)	Explain your findings to your assessor or provide a written account.
2.1 Evidence opportunity (page 130)	You will be observed using policies and procedures or other agreed ways of working that relate to health and safety. Discuss your findings with your assessor. You could also demonstrate that you can use policies and procedures or other agreed ways of working that relate to health and safety.
2.2 Reflect on it (page 130)	Provide a reflective account. Support others' understanding of health and safety and follow agreed safe practices.
2.2 Research it (page 131)	Explain your findings to your assessor or provide a written account.
2.2 Evidence opportunity (page 131)	Make arrangements for your assessor to observe you.
2.3 Reflect on it (page 132)	Write an account of an occasion when you monitored potential health and safety risks. Provide a reflective account.
2.3 Research it (page 134)	You could discuss the points in the activity with a colleague, or provide a written account.
2.3 Evidence opportunity (page 134)	You will be observed for this assessment criterion so it is important that you make arrangements to be observed here so that you can show that you are able to effectively monitor potential health and safety risks. Then reflect on the feedback you received. Complete a walk around with your assessor, manager, or employer. Address the points in the activity. Or you could use your work setting's policies and procedures or other agreed ways of working in relation to health and safety to report a potential health and safety risk in your work setting. Obtain feedback from your manager or employer. You will find your manager and your work setting's risk assessment procedures a useful source of information.
2.4 Research it (page 135)	Write down some notes on what you find out. Share these with your assessor.
2.4 Reflect on it (page 136) 2.4 Reflect on it (page 138)	Write a reflective account.
2.4 Evidence opportunity (page 138)	Show your assessor how you use a health and safety risk assessment. Ensure your assessor, manager or employer observes you doing so. Obtain a witness testimony if your manager or employer observes you.
2.5 Reflect on it (page 139)	Write a short reflective account.
2.5, 1.1 Research it (page 139)	Discuss your findings with a colleague or your assessor. You could also provide a written account.
2.5 Evidence opportunity (page 140)	You will be observed for this AC so it is important that you make arrangements to be observed here so that you can show that you are able to minimise potential risks and hazards. Then reflect on the feedback you received. You could also discuss with your assessor how you minimise potential health and safety risks in your work setting and address the points in the activity.

Suggestions for using the activities	
2.6 Reflect on it (page 141)	Write a reflective account. You could also discuss the activity with a colleague and write about what you learned from them.
2.6 Research it (page 141)	Write down the findings from your research.
2.6, 1.4 Evidence opportunity (page 141)	Make arrangements to be observed for this activity or obtain a witness statement from your manager.
LO3 Understand procedures for responding to accidents and sudden illness	
3.1 Reflect on it (page 142)	Write down some notes to document your thoughts.
3.1 Research it (page 143)	Write down your findings about the big three signs of diabetes.
3.1 Evidence opportunity (page 143)	You can have a discussion with your assessor or manager as instructed in the activity. You could also write down a description of the different types of accidents and sudden illnesses that may occur in your work setting. Remember to also include details about how they can occur.
3.2 Reflect on it (page 146)	You could write a reflective account.
3.1, 3.2, 2.6 Research it (page 146)	Write down your findings about the basic first aid treatment for two accidents and two sudden illnesses.
3.2 Research it (page 146)	You could explain what you have found out from a colleague or write some notes to detail your findings. Useful sources of information have been included in Tables 4.1 and 4.2, so you could pick more than three conditions that you may need to treat with first aid and write about the procedures to be followed if an accident or sudden illness should occur.
3.2 Evidence opportunity (page 146)	Provide a written account or produce a leaflet detailing the procedures to follow if an accident or illness should occur. Ensure you detail the process you are required to follow within the scope of your job role. You will find your work setting's procedures and your manager a useful source of information.
LO4 Be able to reduce the spread of infection	
4.1 Reflect on it (page 149)	Write about the infection control posters and information that is available in your setting. You could discuss this with your assessor or manager.
4.1 Research it (page 150)	Provide a written account detailing your findings.
4.1 Evidence opportunity (page 150)	Produce an information handout with your findings. If you discuss your role in supporting others to follow practices that reduce the spread of infection with your manager or the most suitable person in your setting, you will need a witness testimony or recording to evidence the discussion. You could also produce a presentation that explains your role and responsibilities and those of your employer in relation to infection prevention and control. You will find your work setting's infection control procedures and your manager useful sources of information.
4.2 Reflect on it (page 150)	Write a short reflective account.
4.2 Research it (page 151)	Provide written accounts of your findings.
4.2 Research it (page 151)	
4.2 Evidence opportunity (page 153)	Provide a written account. You could also produce a handout that describes the main causes of infections and how they can spread in the care setting where you work.
4.3 Reflect on it (page 155)	Write a reflective account.
4.3 Research it (page 155)	Write down details of your discussion.

Suggestions for using the activities

4.3 Evidence opportunity (page 156)	You will be observed for this AC so it is important that you make arrangements for this in order to show that you are able to use PPE correctly. Then reflect on the feedback you received and answer the questions in the activity.
4.4 Research it (page 156)	Develop a poster that includes the key points of what your setting says about ways to prevent the spread of infection through effective hand hygiene. Write down what you found out about hand hygiene from the NHS website.
4.4 Reflect on it (page 158)	Write a short reflective account.
4.4 Evidence opportunity (page 158)	You will be observed for this AC so it is important that you make arrangements to be observed here in order to demonstrate that you are able to use the recommended method for hand washing in care settings. Then reflect on the feedback you received.
4.5 Research it (page 159)	Have a discussion with your manager. You could write notes to evidence your discussion.
4.5 Reflect on it (page 159)	Write a short reflective account.
4.5 Research it (page 160)	Make notes detailing findings from your research.
4.5 Evidence opportunity (page 160)	You will be observed for AC 4.5 so it is important that you make arrangements for this in order to show that your health and hygiene do not pose a risk to an individual or others. Follow up your demonstration with a professional discussion with your assessor.
LO5 Be able to move and handle equipment and other objects safely	
5.1 Research it (page 162)	Write notes detailing your findings.
5.1 Reflect on it (page 162)	You could write a reflective account addressing the points in the activity or a personal statement that details the main points of legislation that relate to moving and handling in the setting where you work.
5.1 Evidence opportunity (page 162)	Provide a written account as instructed in the activity.
5.2 Research it (page 163)	Produce a handout, or you could write down notes to detail your findings.
5.2 Reflect on it (page 163)	Write a short reflective account.
5.2 Evidence opportunity (page 164) 5.2, 5.3 Case study (page 165)	Have a discussion with your assessor as instructed. You could also write an account explaining the principles for moving and handling equipment and other objects safely. Ensure you explain how these principles promote safe practices. The Case study will help you to understand some of the principles around moving and handling.
5.3 Research it (page 164)	Write down notes to document your findings.
5.3 Reflect on it (page 164)	Write a short reflective account.
5.3 Evidence opportunity (page 165) 5.2, 5.3 Case study (page 165)	You will be observed for this AC so it is important you make arrangements for this in order to demonstrate that you are able to move and handle equipment and other objects safely. In addition, if you complete any records in relation to moving and handling you could use these as work product evidence to support your observation. The Case study will help you to understand a bit more about moving and handling.

Suggestions for using the activities

LO6 Be able to handle hazardous substances and materials	
6.1 Research it (page 166)	Produce a written account to detail your findings.
6.1 Evidence opportunity (page 166)	Produce a written account that includes examples of the hazardous substances and materials that are present in your setting. For each one, write down what type they are and the potential dangers they pose. You could also produce a presentation that describes the hazardous substances and materials that are found in your work setting and explain the safe practices to follow with respect to their storage, use and disposal. You will find the COSHH file at work and your manager useful sources of information.
6.1 Reflect on it (page 166)	Write notes to document your thoughts.
6.2 Research it (page 167)	Write notes or produce a handout.
6.2 Research it (page 168)	Have a discussion with your manager. Produce a written account detailing your findings and discussion.
6.2 Reflect on it (page 169)	Write a short reflective account. You could also discuss this with a colleague; try to use the discussion to inform the account you write.
6.2 Evidence opportunity (page 169)	You will be observed for this AC so it is important you make arrangements for being observed using safe practices when storing and using, as well as disposing of, hazardous substances and materials. In addition, if you complete any records in relation to handling hazardous substances and materials you could use these as work product evidence to support your observation.
LO7 Be able to promote fire safety in the work setting	
7.1 Reflect on it (page 170)	You could discuss this with a colleague, and write a reflective account about your roles and responsibilities for preventing fires.
7.1 Evidence opportunity (page 170)	Have a discussion with your assessor as instructed in the activity. Write an account to evidence your discussion. You could also provide a written account describing practices that prevent fires from starting and spreading.
7.1 Research it (page 171)	Write notes to detail your research.
7.2 Reflect on it (page 171)	Write a reflective account.
7.2 Evidence opportunity (page 171)	You will be observed for this AC so it is important you make arrangements for demonstrating measures that prevent fires from starting.
7.3 Reflect on it (page 172)	Write a reflective account answering the questions in the activity.
7.3 Research it (page 173)	Discuss with your manager the steps that you are required to take in the event of a fire. Make notes to detail your discussion.
7.3 Evidence opportunity (page 173)	You could provide a written account explaining the emergency procedures to be followed if there is a fire in your work setting. You will find your work setting's emergency procedures and your manager useful sources of information.
7.4 Research it (page 173)	Have a discussion with your manager. Write notes detailing your discussion.
7.4 Reflect on it (page 173)	You could discuss this with a colleague, and make notes on what you find out.
7.4 Evidence opportunity (page 174)	You will be observed for this AC so it is important you make arrangements for ensuring that you maintain clear evacuation routes at all times.
LO8 Be able to implement security measures in the work setting	
8.1 Research it (page 175)	Tell a colleague about the news story you have read. Write notes detailing your thoughts.
8.1 Research it (page 176)	Produce a written account detailing your findings.
8.1 Reflect on it (page 176)	Provide a short written account.

Suggestions for using the activities

8.1 Evidence opportunity (page 176) 8.1, 8.2 Case study (page 178)	You will be observed for AC 8.1 so it is important that you make arrangements for this so that you can show that you are able to check the identity of anyone requesting access to the premises and information. Follow up your demonstration with a professional discussion with your assessor. The Case study will help you understand more about implementing security measures at work.
8.2 Research it (page 177)	Write down notes to document your findings.
8.2 Reflect on it (page 177)	Write a short reflective account.
8.2 Evidence opportunity (page 177) 8.1, 8.2 Case study (page 178)	You will be observed for AC 8.2 so it is important that you make arrangements for this in order to show that you are able to use measures to protect your own security and the security of others. Follow up your demonstration with a professional discussion with your assessor. The Case study will help you to understand more about implementing security measures at work.
8.3 Research it (page 179)	Produce an information leaflet with your findings.
8.3 Reflect on it (page 179)	Write a reflective account.
8.3 Evidence opportunity (page 179)	Make a list of the people you inform of your whereabouts during your day-to-day work activities. Write an account explaining when and why you should make people aware of your whereabouts and the importance of ensuring they are aware of your whereabouts.
LO9 Know how to manage stress	
9.1 Research it (page 180)	Explain the 'fight or flight' response to a colleague and provide a written account detailing this. You could also draw a spider diagram of the common signs and indicators of stress in yourself and others.
9.1 Reflect on it (page 180)	Write a short reflective account.
9.1 Evidence opportunity (page 180)	Provide a written account.
9.2 Reflect on it (page 181)	Write a reflective account.
9.2 Evidence opportunity (page 181)	Provide a written account. You may find it helpful to discuss with your manager the circumstances and factors that tend to trigger stress in yourself and others. Remember to include a range of circumstances and factors and ensure these are relevant to both you and others.
9.3 Reflect on it (page 182)	Write a reflective account. You could also more generally write a reflective account on the ways you find most effective for managing your stress. Remember to also describe in your reflection how you access sources of support. You could also compare the strategies for managing stress in yourself and others.
9.4 Research it (page 183)	Write notes to detail your findings.
9.3, 9.4 Evidence opportunity (page 183)	Have a discussion with your assessor or manager and provide a written account to evidence your discussion.

Legislation	
Act/Regulation	Key points
Data Protection Act 1998	The right to privacy in relation to personal information must be upheld. Personal information about the individuals and others you may come across, such as individuals' families and your colleagues, must be kept confidential.
General Data Protection Regulation (GDPR) 2018	Also see Unit 304 for more information on the GDPR 2018.

Legislation	
Act/Regulation	Key points
Health and Safety at Work Act (HASAWA) 1974	The health and safety of everyone in a work setting must be protected – in a care setting this includes individuals, adult care workers and those who visit. It also established the key duties and responsibilities of all employers and employees in work settings.
Management of Health and Safety at Work Regulations (MHSWR) 1999	Employers and managers must assess and manage risks by carrying out risk assessments. It requires employers to provide information, training and supervision so that work activities can be carried out safely.
Workplace (Health, Safety and Welfare) Regulations 1992	The working environment must be safe in relation to the building, its facilities and housekeeping and it must be healthy in relation to temperature, lighting and ventilation.
Manual Handling Operations Regulations 1992 (as amended 2002)	Risks associated with moving and handling activities must be eliminated or minimised by employers. It also requires employers to provide information, training and supervision about safe moving and handling.
Provision and Use of Work Equipment Regulations (PUWER) 1998	Work equipment used in work settings must be safe. It requires employees to receive training before using work equipment and requires work equipment to have visible warning signs.
Lifting Operations and Lifting Equipment Regulations (LOLER) 1998	Lifting equipment used in work settings must be safe. It requires lifting equipment to be maintained and used solely for the purpose it was intended for. It also requires that all lifting operations are planned, supervised and carried out in a safe manner.
Personal Protective Equipment at Work Regulations 1992	Personal protective equipment (PPE) to provide protection against infections must be provided free of charge by employers. It requires PPE to be maintained in good condition and requires training to be provided in the use of PPE.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Employers must report and keep records for three years of work-related accidents that cause death and serious injuries (referred to as reportable injuries), diseases and dangerous occurrences (i.e. incidents with the potential to cause harm). It requires work settings to have procedures in place and to provide information and training on reporting injuries, diseases and incidents.
Control of Substances Hazardous to Health (COSHH) 2002	Employers must have procedures in place for safe working with hazardous substances and provide information, training and supervision so that work activities can be carried out safely.
Electricity at Work Regulations 1989	Electricity and the electrical appliances that are used in work settings must be safe. It requires employers to provide training to employees in relation to carrying out safety checks on electrical equipment.
Regulatory Reform Order (Fire Safety) 2005	Fire risk assessments must be completed by the person responsible for the premises and requires the provision of fire equipment, fire escape routes and exits, as well as fire safety training.
The Health and Safety (First Aid) Regulations 1981	First aid and first aid facilities, including trained first aiders, must be provided.
Food Safety Act 1990	Good personal hygiene must be maintained when working with food so that it is safe to eat. It requires that records are kept of where food is from so that it can be traced if needed.
Food Hygiene (England) Regulations 2006	Food safety hazards must be identified and food safety controls put in place, maintained and reviewed so that environments where food is prepared or cooked are safe.
Civil Contingencies Act 2004	Organisations such as emergency services, local authorities and health bodies must work together to plan and respond to local and national emergencies. It requires that risk assessments are undertaken and emergency plans are put in place.

Further reading and research

Books and booklets

Ferreiro Peteiro, M. (2014) *Level 2 Health and Social Care Diploma Evidence Guide*, Hodder Education

Health and Safety Executive (2016) 'Manual handling - Manual Handling Operations Regulations 1992 – Guidance on Regulations', Health and Safety Executive (HSE)

Health and Safety Executive (2014) 'Health and safety in care homes', (HSG220 – 2nd edition), Health and Safety Executive (HSE)

Health and Safety Executive (2014) 'Risk assessment: A brief guide to controlling risks in the workplace', Health and Safety Executive (HSE)

Health and Safety Executive (2012) 'How the Lifting Operations and Lifting Equipment Regulations apply to health and social care', Health and Safety Executive (HSE)

Health and Safety Executive (2012) 'Manual handling at work. A brief guide', Health and Safety Executive (HSE)

Weblinks

www.asthma.org.uk Asthma UK's website for information and resources about asthma

www.bhf.org.uk The British Heart Foundation's website for information and resources about heart disease

www.cqc.org.uk The Care Quality Commission's website for information and publications about how adult care settings meet the required standards of quality and safety

www.diabetes.org.uk Diabetes UK's website for information and resources about diabetes

www.gov.uk The UK Government's website for information about current legislation including the Health and Safety at Work Act (HASAWA) 1974

www.hse.gov.uk The Health and Safety Executive's website for information and resources about health and safety legislation and regulations including those relevant to care settings

www.skillsforcare.org.uk Skills for Care – resources and information on the Care

Certificate, the code of conduct for adult care workers

www.skillsforhealth.org.uk Skills for Health – resources and information on the Care Certificate, the code of conduct for adult care workers

303 Promote communication in care settings



About this unit

Credit value: 3

Guided learning hours: 25

Communication involves exchanging and understanding information with others and is one of the key ingredients for building trust and caring relationships. Effective communication in care settings is essential for

getting to know individuals and their families and being able to work in a caring and successful way with them and others, including your colleagues and other health and social care professionals.

In this unit, you will understand why effective communication is so important in your work, how you can meet the communication and language needs, wishes and preferences of individuals and how you can overcome barriers to communication. You will also learn how to apply principles and practices relating to confidentiality.

Learning outcomes

By the end of this unit, you will:

LO1: Understand why effective communication is important in the work setting

LO2: Be able to meet the communication and language needs, wishes and preferences of individuals

LO3: Be able to overcome barriers to communication

LO4: Be able to apply principles and practices relating to confidentiality

LO1 Understand why effective communication is important in the work setting

Getting started

Think about where you work and the different people you communicate with on a daily basis. Why do you communicate with these people at work? What might happen if you didn't communicate with these people and why?

What skills do you have as a communicator? What are your strongest? Your weakest? How could you improve these? Why is it important that you improve your skills of communication?

AC 1.1 Identify the different reasons people communicate

What does communication mean in your role?

In adult care settings communication is central to the quality of the care and support you provide and to the relationships that you develop with the **individuals** you care for, their families, carers, as well as your colleagues and other professionals that you may work with.

Ultimately, if you want to be a good care worker, you will need to have good communication skills. This will be key in helping you to build relationships and provide the best possible care and service for the individuals you care for.

Different reasons for communicating

People communicate in care settings for many different reasons. This may be to share information, to find out information, to enable others to express themselves, to develop relationships with those you provide care for and with those you work with, or to express thoughts and feelings. Ultimately, good communication will allow you to create connections. It will allow you to be understood and to understand others.

Communication can occur between those who work in [adult care settings](#), for example:

- a senior support worker may need to speak to their manager about an individual's care
- care workers may need to communicate with those who work for external organisations
- a senior carer may need to communicate with an individual's social worker via email
- team members may need to communicate at a staff meeting or with an individual, their family and advocate at a [care review](#).



Communication

Communication in care settings is essential because without it you would

not be able to build good, meaningful working relationships with the individuals you provide care and support to, your colleagues who form part of your team and **others** who you work alongside as part of your day-to-day role such as individuals' families, advocates, social workers, nurses, GPs and pharmacists.

Communication can include both verbal and non-verbal communication. The messages that we convey without words such as eye contact, gestures and body language are just as important as verbal communication for understanding those we care and work for.

Without communication you wouldn't be able to get to know the individuals you provide support to and find out their unique needs and preferences, including their different backgrounds and how they prefer to communicate. Without good communication skills you will not be able to encourage individuals to express how they are feeling, and building that trust means they may share information with you that will allow you to offer better, more informed care. Without communication you would find it very difficult to do your job, in fact it would be impossible! How would you be able to discuss individuals' needs with them, meet with their families, support others in the team and work with other professionals if you couldn't communicate?

Effective communication is very important in the work setting and an essential skill to have when working in care settings. This unit will help you to understand how to put principles of good communication into practice, and gain a good understanding of why communication is one of the '6Cs' in Health and Social Care.

Here we explore in more detail other reasons why people in adult care settings communicate.

To exchange information: Good communication allows us to share and obtain information to allow us to effectively carry out our duties as care workers. Exchanging information could mean providing facts when reporting at the end of a shift about the care provided to individuals and the skills they have developed in relation to maintaining their personal hygiene or developing their daily living skills in relation to cooking, budgeting and shopping. Information may also be exchanged between [adult care workers](#) and individuals on a regular basis when discussing what support they would like or when you may need to ask individuals to choose what they would like to eat or wear. Information is

exchanged not only between team members and individuals but also when communicating with other professionals such as nurses, GPs, pharmacists, social workers and activity workers. For example, a [rehabilitation worker](#) communicates with an individual's social worker and housing support officer about how to support the individual to live independently. Having the information we need in turn allows us to fulfil our duty of care to individuals as well as the requirements of our job roles.

To express feelings: Good communication allows us to express how we feel, and also enable others to express themselves. This might include an individual who expresses their happiness when being supported by an advocacy worker to communicate their wishes and preferences about their future care needs. It might include an [Enhanced Care Worker](#) who expresses their concerns about an individual with [dementia](#) who appears to be feeling anxious over remaining in hospital for another week. A senior care worker may express their frustration over the lack of staff available to work weekends at the residential care home where they work. Expressing our feelings, allowing others to and empathising or understanding how they may feel means we can really get to know the individual, build meaningful relationships, understand any changes in their behaviour and offer person-centred care.



Key terms

Individuals are those requiring care or support.

Others include individuals' families, carers, advocates, team members and other professionals.

Adult care settings include residential homes, nursing homes, domiciliary care, [day centres](#), an individual's own home or some clinical healthcare settings.

Day centres are settings that provide leisure, educational, health and well-being activities during the day.

A **care review** is a regular meeting where individuals and others discuss whether the individual's care and support are effective and how to further meet their needs and preferences, for example.

Adult care workers enable individuals with care and support needs to live independently and safely.

Personal assistants work directly for one individual with care and support needs, usually within the individual's own home.

A **rehabilitation worker** is a person who supports individuals to live independently following an accident or illness.

Enhanced Care Workers are care workers who have been upskilled and trained to provide, for example, increased clinical support to registered nurses in nursing homes or improve the quality of dementia care to individuals with dementia who are hospital patients.

Dementia refers to a group of symptoms that affect how a person thinks, remembers, problem-solves, uses language and communicates, and their ability to carry out tasks and activities. They occur when brain cells stop working properly and the brain is damaged by injury, or by disease such as Alzheimer's.

Work settings may include one location such as a nursing home or a range of locations where an activities worker may work in residential homes, day centres, nursing homes or in an individual's own home.



Research it

1.1 Enhanced Care Workers and communication

Research the role of the Enhanced Care Worker in the adult care sector. Then develop a poster to identify the reasons why Enhanced Care Workers may communicate in the **work setting**. The links to the Care Management Matters and the International Longevity Centre (ILCUK) websites below provide useful information about this newly developed job role:

www.caremanagementmatters.co.uk/innovate-enhanced-care-worker-role

<https://ilcuk.org.uk/wp-content/uploads/2018/10/ILC-UK-Innovate-to-Alleviate.pdf>

Produce a written account showing your findings.

To advise and guide: As part of your role, it is important that you are able to clearly advise and guide those who you work with, whether it is one individual who you care for in their own home, an individual you care for in a residential care home, your colleagues, or families and advocates of the individual. Good

communication skills will allow you to clearly and effectively convey the relevant information that others need in a constructive way, one that will be most helpful to them. This might include a senior support worker completing an **induction** with a support worker on their first day at work so that they understand their day-to-day work activities; they may need to convey the support available for them and the aims of the organisation they work for. It might include an activities worker who guides an individual with a **learning disability** so that they can participate in a group quiz. It could also include an experienced senior carer who provides advice to one of their colleagues who may be finding it difficult to have regular communication with an individual's family.



Reflect on it

1.1 Advice and guidance

Reflect on a situation when you provided advice and guidance to someone, perhaps it was a friend or family member. How did you feel about doing this? Why? How do you think it made your friend or family member feel? Why? What did you communicate and why?



Key terms

An **induction** is the process of introducing a worker to an organisation and work setting by showing them round the work setting and explaining the **agreed ways of working**, for example.

Agreed ways of working are your employers' or settings' policies, procedures and working practices. In this unit, the agreed ways of working that we discuss are to do with communication.

A **learning disability** is a reduced intellectual ability and difficulty with everyday activities – for example, household tasks, socialising or managing money – which affects someone for their whole life. Source:

www.mencap.org.uk/learning-disability-explained/what-learning-disability

You may wish to visit this website for more information on learning disabilities.

Physiotherapists are trained professionals who help to restore the body's movement and function when an individual is affected by injury, illness or

disability through mobility exercises, for example.

To form and maintain working relationships: Another reason for communicating in care settings is to create meaningful relationships so that we can get to know those who we care for and work with. Good communication skills are also key to this. This could include a senior support worker who works in domiciliary care and forms and maintains good working relationships with individuals and their families, their colleagues and other professionals so that they get to know each other and learn to trust and respect each other. An activities worker may form and maintain working relationships not only with the individuals participating in activities but also with the individuals' families and staff who provide support. A rehabilitation worker may, for example, form and maintain working relationships with the individuals they are supporting with learning new skills and also with others who are involved in individuals' lives such as their partner, their children, or their [physiotherapist](#).

To interact: Another reason for communicating with others is simply to interact with others. This could be a senior carer who wants to get to know an individual who has recently moved in to the residential care home where he works; they may want to find out more about the individual's family, background, culture and interests, for example. Teams of workers who work in adult care settings may interact with each other informally over coffee breaks and lunchtimes to relax but also more formally during staff meetings to communicate the care and support they are providing to individuals. An advocacy worker who wants to represent the views of an individual who has mental health needs in relation to his current housing situation must first interact with the individual to build up trust and find out from the individual how best to support them. The relationships we build are as a result of interactions with others. The more effective the interactions we have, the more effectively we can support individuals and fulfil our roles.

Evidence opportunity

1.1 Reasons for communicating

Identify an individual who you provide care or support to in your work setting, or if you are a personal assistant, think about the individual that you provide care for. Now identify the different reasons why you and other team members communicate with this individual. Think about other people who this individual communicates with such as their friends, family, other professionals; why does this individual communicate with them? Why do

they communicate with the individual?

Write down your responses. Remember to consider rules around confidentiality, so make sure you avoid including their name or details that may give away who they are.

AC 1.2 Explain how communication affects relationships in the work setting

What is a good, effective relationship in a care setting?

As you have learned, communication is integral to the many different working relationships you will have formed and developed in the setting where you work. A good, effective relationship is one where:

- People trust and respect one another and can build effective professional relationships through mutual trust, respect and honesty.
- People can rely on each other and help one another with their tasks and workloads.
- People value the opinions, knowledge and expertise that others bring, and work as a team, share their knowledge and skills and learn from each other. They value and taken an interest in the roles that others play in the setting.
- There is good co-operation, and it is quicker, easier and more efficient to complete tasks.
- Everyone is treated fairly and heard if there are any disagreements or conflict.
- Where people do their best to provide high quality care and support and have the best interests of the individual at the heart of what they do.
- Effective relationships are key to doing your job to the best of your ability and working well together to provide the best support to some of the most vulnerable people, and having a positive, friendly outlook will help you to create rapport with colleagues, individuals and others. Good communication, however, is essential to building these effective relationships.



Research it

1.2 Communicating with an individual who has dementia

Research how you can communicate effectively with individuals with dementia. Dementia UK, a national charity that provides information, advice and support to individuals with dementia and their families has produced an information leaflet, 'Tips for better communication'. The link below will direct you to this:

www.dementiauk.org/wp-content/uploads/2017/07/Tips-for-

[communication.pdf](#)

Produce your own leaflet that explains how communicating effectively with individuals with dementia can affect your relationships with individuals and their families.

How effective and poor communication impacts relationships in the setting

Communication can affect relationships both positively (if is effective) and negatively (if it is poor). [Table 5.1](#) provides some examples of poor communication and [Table 5.2](#) provides examples of effective communication. Both explain how they may affect working relationships. The ‘dos and don’ts’ table on page [198](#) will also give you useful advice on communicating effectively.

Table 5.1 Examples of poor communication

Poor communication
Speaking to a care worker who has requested to speak to you in private, but you decide to speak to them in a busy corridor of the day centre where you work: In a situation like this, the care worker will be unlikely to share with you what they wanted to say because it will be difficult for them to feel comfortable if it is busy. Others may overhear and so this will also impact what they decide to tell you in this environment. The care worker will also feel that you are not genuinely interested in hearing what they have to say if you ignored their request to meet privately. This in turn will have a negative impact on your relationship with the care worker.
Supporting an individual to attend their care review but slouching in your chair during the whole meeting: Your body language and behaviour may make the individual may feel uncomfortable, embarrassed and undermined by your slouching as it gives the impression that you are not genuinely interested in them or supporting them at their care review. You will also be giving this negative impression to the other people attending the individual's care review such as the individual's family, your manager and other professionals such as the individual's social worker. This in turn will make it difficult to work with these other people as not only will they feel you are disinterested, but it will also reflect badly on you as they may not have any confidence in your abilities and may mistakenly think that you do not have the necessary expertise and knowledge required to provide good quality care and support. This in turn will have a negative impact on your relationship with the individual and others.
Responding to an email sent by an individual's family using an informal style of writing and not proof reading the email for spelling and grammar errors before sending it: The family may worry that you and the organisation you work for are not professional and therefore not providing good quality care to their relative. The individual's family will also be less likely to trust you and respect you if the language used in your written communication is unprofessional. This in turn will have a negative impact on your relationship with the individual's family.

Table 5.2 Examples of effective communication

Effective communication
Speaking to an individual who has a hearing impairment in a room that is well-lit and has no background noise: In a situation like this, the individual will be able to participate fully in the conversation with you as they will be able to hear and lip-read what you are saying and clearly see your facial expressions and body language. The individual will feel that you understand their needs and have taken a genuine interest in ensuring these are met. This in turn will have a positive impact on your relationship with the individual.
Meeting with an individual's family who have concerns that their relative is not settling in the nursing home where they now live. In your meeting, you ensure you actively listen and adopt an open posture (see page 198 for definitions) when communicating with them: By actively listening to their concerns, the family will feel that you are taking their concerns seriously and are genuinely committed to addressing these. By adopting an open posture, you will create an impression that you have nothing to hide and that the individual's family can trust you to resolve their concerns. The individual's family will feel more relaxed and comfortable with you thus building their trust and respect for you; they will also feel reassured and feel that you have genuinely empathised (see page 199 for definition) with them. This in turn will have a positive impact on your relationship with the individual's family.
Speaking to an individual who has learning disabilities using Makaton (see page 198 for definition), their preferred form of communication: The individual will feel that they are able to express what they want to communicate to you and feel that you have considered their needs and preferences. The individual will also feel comfortable with communicating in this way and will therefore be more likely to share with you what they want to say. This in turn will enable you to get to know them better, understand their views and preferences and will therefore have a positive effect on your relationship with the individual.

Dos and don'ts for communicating effectively

Do	Speak clearly so that the person you are speaking to can understand you. If an individual cannot understand you then you will need to adapt the way you speak to ensure the individual can respond and communicate with you.
Do	Be patient and understanding so that the individual does not feel rushed and so that you can build trust.
Do	Show a genuine interest to get to know the individual. This will help you to understand their needs and preferences.
Do	Empathise by seeing things from someone else's point of view. This will allow you to understand how the individual may be feeling and will help to develop an open, honest and, most importantly, compassionate working relationship.
Do	Be aware of the other person's body language and what is being expressed so that you can understand how the individual may be feeling and adapt the way you communicate accordingly.
Do	Maintain good eye contact to show you are listening and understanding. This will also show that you are interested in what the individual is saying. You should be careful, however, as too much eye contact may make the individual feel uncomfortable. Try to assess the situation. Once you have a better idea of how the individual is feeling, you will know how much eye contact is necessary.
Do	Actively listen, not only to what is being said but to the meanings behind what is being said so that you can respond appropriately. For example, an individual may say that they agree with you but at the same time look unhappy; in this situation you could offer the individual another option so that you can check whether they really do agree with you.
Do	Be open and honest in all your communications. This will help with building trust and will ensure that misunderstandings are avoided.
Don't	Forget that you may need to alter the way you communicate with individuals from different cultures because some behaviours can convey different messages in different cultures.
Don't	Look uninterested or allow interruptions as doing so will act as a distraction and it will be more difficult to find out about the individual.
Don't	Rush an individual or speak at them as this will make it harder to communicate and for them to trust you.
Don't	Impose your views and preferences on an individual. This will not enable you to build up a good working relationship with individuals.
Don't	Mumble, or speak very quietly, as the person you are speaking to will not hear properly and it could lead to misunderstandings.
Don't	Forget to pay attention to the non-verbal communication used by individuals and what it can mean.
Don't	Ignore the words being spoken. Try not hearing what you want to hear and remember to actively listen (as mentioned above), otherwise the individual may feel ignored.
Don't	Ignore an individual's feelings, or the different ways an individual may express how they are feeling.



Key terms

Hearing impairment refers to hearing loss that may occur in one or both ears. This can be partial (some loss of hearing) or complete loss of hearing.

Actively listen refers to being able to focus, understand, interpret and respond to what is being said or expressed. It means to show that you are listening both in verbal and non-verbal ways.

Open posture means not crossing your arms or legs in front of you, this avoids you appearing defensive.

Makaton is a method of communication using signs and symbols that can be used by individuals who have learning disabilities.

How to build relationships through effective communication

Being an effective communicator therefore is essential for developing positive working relationships in the adult care setting where you work and ensuring individuals and others you work with feel valued and respected. It involves having a range of skills and personal qualities; you will, for example, need to show respect, be patient, actively listen, be honest and positive and show sympathy and compassion.



Figure 5.1 Are you an effective communicator? How could you improve your communication skills?



Key terms

Empathy means being able to see things from another's person's point of view, understand their situation and how they may be feeling.



Reflect on it

1.2 Personal qualities for communicating

It is important that you take time to reflect on your communication and interactions with others. You should think about what went well, what did not go well, and the things you could do to improve your communications that will help you to build relationships.

Reflect on the personal qualities that you think you have in relation to communicating with others; write these down. Now ask someone who knows you well such as a family member, a friend or a colleague what personal qualities they think you have in relation to communicating with others; write these down too. How do both lists compare? What similarities and differences are there?

For two of the personal qualities identified, reflect on how they affect your relationships at work.



6Cs

Compassion

Good communication requires that you work in a compassionate way, are aware of the feelings of others and are kind and supportive towards individuals, their families and the care workers you manage. This will show them that you care and as a result they will be more likely to work with you and trust you. Showing compassion also involves showing respect for others' feelings and views and treating them in a dignified way. This is essential when you communicate with others so that they know that your intentions are honest, and, in this way, they can approach you and learn to trust you with what's important to them. You can show this by, for example,

taking time out to sit down with an individual or a colleague and listen to what is worrying them and then reassuring them that they have your support.

Care

Care involves providing individuals and your colleagues in care settings with a consistent good quality level of support. This means you need to take a genuine interest in them so that they know you care about them. Doing so will enable you to make a positive difference to their lives. Good communication is essential in order to provide the best possible care, to build these relationships, so that you can actively work to achieve what is important to them. You can show this by asking them questions about their communication and language needs and preferences and then ensuring that you remember and take these needs into account when supporting them with their day-to-day communication.

Evidence opportunity

1.2 How communication affects relationships in the work setting

Identify three different people with whom you have a work relationship. For each one, explain to your assessor how both poor communication and effective communication affects your work relationships with them. Write down details of your discussion. You could also write an account about how communication affects relationships.

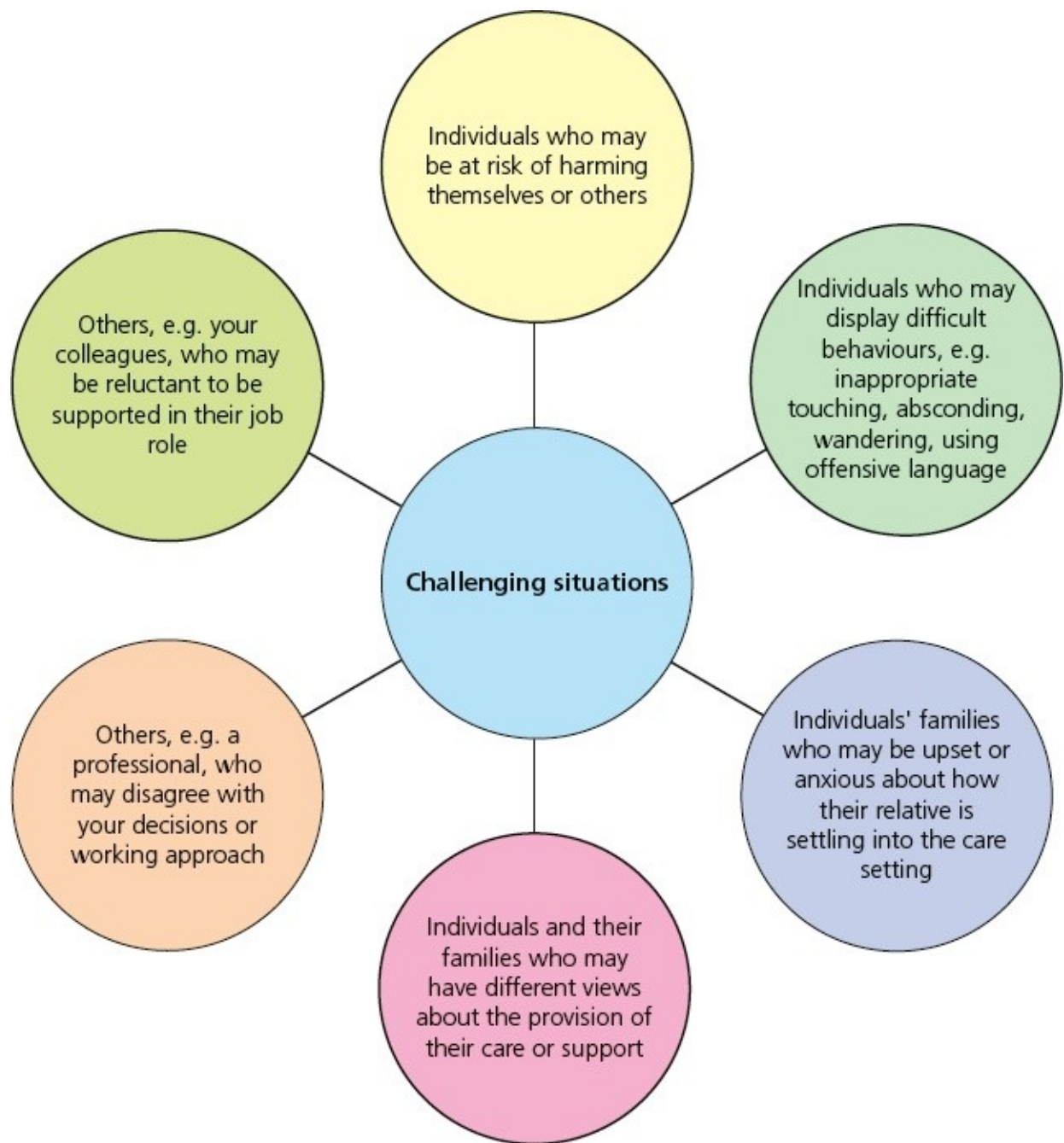


Figure 5.2 Challenging situations in adult care settings

AC 1.3 Explain ways to manage challenging situations

Working in adult care involves working alongside people from different backgrounds and values as well as individuals with different needs. As a Lead Adult Care Worker you will be expected to lead and support others to provide good quality care and support and you may also be expected to supervise the work of others such as care workers. As part of your role, it is likely that you will encounter situations where there may be conflict or situations that are challenging. It is therefore important that you are able to manage challenging situations that may arise in safe and positive ways and that you are able to support others in the team to do the same. As [Figure 5.2](#) shows, challenging situations may arise in your work setting with individuals, individuals' families and others.

It will be useful for you to refer to Unit 202 Responsibilities of a care worker, [AC 3.3](#) for information on the skills and approaches you need for resolving conflict and [AC 3.4](#) for information on accessing support and advice about partnership working and resolving conflict.

Reasons for challenging situations

Challenging situations may arise with individuals, their families and others including colleagues for a variety of different reasons, for example due to individuals' conditions (an individual with dementia may walk around the care setting at night and into other individuals' rooms because they may feel confused about where they are or anxious about something that has happened during the day or be unable to sleep). The first step for managing challenging situations involves identifying the possible reasons why they have occurred. Understanding the reasons why challenging situations arise in the first instance will help you to decide on the most effective way of managing them.

Challenging situations may arise with individuals' families. For example, it may be that individuals' families find it difficult to accept that they are not able to look after their relative and that the support their relative requires must be provided in an adult care setting. Some individuals' families may feel that they have failed their relative and may even feel a sense of guilt and may blame you and your team or may accuse you and your team of not taking proper care of their relative.

Challenging situations may also arise with others such as your team members and other professionals, and may be related to different ways of working, levels

of expertise, beliefs and values. For example, the individual's social worker may believe that the individual would benefit from attending a day care centre once a week; you may believe that the individual will benefit from the support of an additional care worker so that they can access their local community facilities on a more regular basis.



Reflect on it

1.3 A challenging situation you may have encountered

Reflect on a challenging situation you have experienced, that may have taken place at work or outside of work. What happened? How did you feel at the time when it happened and why? What do you think were the reasons for it happening? Do you think this could have been avoided? If so, how? Write a short account addressing the points here.

Ways to manage challenging situations

Effective communication is central to managing challenging situations positively. Effective communication can mean that challenging situations can be diffused and, in some cases, even avoided; this is because using communication effectively in challenging situations can lead to individuals and others calming down, listening to you and working alongside you. [Table 5.2](#) includes examples of the ways that different challenging situations can be managed through effective communication. You will learn more about positive verbal and non-verbal ways of communicating in LO2, [AC 2.3](#).

Below are two examples of challenging situations and ways to manage them, with dos and don'ts.



Research it

1.3 Challenging situations and different leadership styles

Research the different types of management styles there are for handling challenging situations, and the pros and cons of each. What is your preferred management style(s) and why?

You may find it useful to research Lewin's leadership styles (autocratic, democratic, laissez-faire), Kouzes and Posner's Leadership Challenge

model which identifies character traits that are generally associated with good leaders and Burns' concept of transformational leadership.

Dos and don'ts for managing in a challenging situation: An individual who has recently been bereaved of their sister tries to harm themselves by banging their head against the wall in their room

- | | |
|-----------|---|
| Do | Remain calm and do not crowd the individual; promote their dignity (see page 203 for definition) by respecting their personal space because this will relax the individual and show them you are there to support them when they are ready to accept the support from you. |
| Do | Talk to the individual when they are ready and pay careful attention to your non-verbal communication such as facial expressions, gestures and body language; what do you think it is conveying? Explain to them in a kind and compassionate way the reasons why their behaviour concerns you. Ask the individual whether there is anything you or anyone else can do to support them; this will let them know that you are concerned about their well-being (see page 203 for definition). Explain that you understand how difficult it must be that they have recently been bereaved of their sister and provide them with information and/or contact details of organisations who they may find it helpful to contact such as Cruse Bereavement Care, a national lead charity for bereaved people that has a freephone national helpline and local services. This will make the individual feel that they are not the only ones to feel this way and that there are other ways of managing how they are feeling. |
| Do | Report and record the challenging situation in line with your employer's agreed ways of working and ensure you debrief and reflect so that you can look after your own well-being . This is important because if you do not care for yourself you will not be able to care for others. |

Dos and don'ts for managing in a challenging situation: An individual who has recently been bereaved of their sister tries to harm themselves by banging their head against the wall in their room

Do	Report and record what happened including anything you noticed that led to the situation arising (this may help to prevent future challenging situations from arising), what the individual said and did; report and record the facts only. Ensure your verbal and written accounts are clear and factual so that the situation and what led to it can be reviewed by the team and help all of you to better understand the reasons for it and whether any further support or different ways of working are required. Ensure your report and record are completed in private so that the individual's right to confidentiality can be upheld and respected.
Don't	Raise your voice or appear shocked by the individual's behaviour because this may make the individual more anxious and/or angry, causing their behaviour to become worse or be prolonged.
Don't	Ignore the individual's self-harming behaviour. Don't tell them off or tell them that if their behaviour doesn't stop that you will be withdrawing your support or refusing their participation in an activity that they like. This type of communication is unhelpful and is abusive because you are not treating the individual as an adult, you are behaving in a patronising way towards them and exerting your authority over them without trying to understand the reasons for their behaviour or how they are feeling.
Don't	Tell the individual that you know how they are feeling because you've also been bereaved of someone and that they should not self-harm because you didn't; telling them this may make them feel like a failure and feel even worse about themselves.
Don't	Report the situation to a colleague or to the individual's family in the first instance; you may do this at a later stage but in the first instance you must report this to your manager so that they can advise you on other actions that must be taken; in this way you will be both working together providing a consistent approach to managing this challenging situation with this individual.
Don't	Record your opinion of what happened and/or what led to it because doing so may not provide a true picture of why this situation has occurred and may prevent the individual from accessing the support they need.

Dos and don'ts for managing in a challenging situation: A care worker disagrees with you over the work tasks that you have asked them to complete during the morning shift

- | | |
|-----------|---|
| Do | Spend time listening to the care worker's views. In this way you will be able to find out why the care worker is unable to complete the work tasks allocated to them during the morning shift. Perhaps the care worker feels that they have insufficient time, some tasks are taking up more of their time or they do not feel they can work at the pace expected of them, or they may be concerned or worried about a personal issue and this is affecting their work performance. Taking time to listen will make the care worker feel valued and supported; remember to also pay careful attention to your non-verbal communication, for example gestures, facial expressions and body language to ensure these are conveying the same messages to the care worker as your verbal communication. |
| Do | Discuss the work tasks that you have allocated to the care worker. You could explain to the care worker the reasons why you have allocated these to them including the timings for these. You could, for example, suggest that you observe them when they carry out the tasks to see why they are having difficulties completing them. You may, for example, discover that this is due to the care worker requiring further training and/or support. Communicating positively in this way will lead to you being able to provide the care worker with the support that they need to complete their work tasks effectively. |
| Do | Seek additional support and/or advice from your manager about how to manage this difficult situation if you are unable to reach a satisfactory agreement with the care worker. Your manager will be able to guide you with what actions to take next and will help you debrief after handling this difficult situation, so you can look after your well-being. You must also make a record of this; including any actions, support and/or training that have been offered to the care worker in the event of there being further issues with this care worker's work performance or the care worker reporting at a later stage that they have not been supported in their work role. |

Dos and don'ts for managing in a challenging situation: A care worker disagrees with you over the work tasks that you have asked them to complete during the morning shift

Don't	Make an assumption that the care worker is being deliberately difficult or lazy because doing so will not create a good environment for you both to work together. It may result in negative communications between the two of you that may not only affect your working relationship with the care worker but also your working relationship with other members of the team which in turn may impact on the quality of the care and support provided to individuals.
Don't	Adopt a negative, authoritarian or controlling stance with the care worker in relation to the work tasks that have been allocated to them. Communicating negatively will not resolve the situation; in fact, it may make it worse because the care worker may feel that you are victimising them or harassing them at work and they may complain about your behaviour and how you have dealt with this situation. Communicating negatively in this way will also mean that the care worker will be less likely to approach you in the future with any issues they may be having that are affecting their work performance. This may result in the care worker struggling with their work tasks and hiding this from you which can in turn be very stressful for the care worker and may lead to them getting stressed and taking leave from work. This in turn will put additional pressure on you and the team and may affect the time and quality of care and support provided to individuals in the care setting where you work.



Key terms

Dignity in a care setting means respecting the views, choices and decisions of individuals and not making assumptions about how individuals want to be treated.

Compassion in a care setting means delivering care and support with kindness, consideration, dignity and respect. Also see 6Cs on page [199](#) for more information on compassion and what it means in this unit.

Well-being is a broad or wide-ranging concept that applies to different areas of an individual's life and includes their physical, mental and emotional health. In a care setting, you will be expected to care for people's physical, mental and emotional well-being, as well as your own.

To summarise, when managing challenging situations, it is important for you to:

- remain calm
- be supportive

- be patient
- show understanding
- actively listen to the concerns raised.



Research it

1.3 Good practice for handling challenging situations

Research good practice guidance for how to effectively handle challenging situations that may arise with individuals with mental health needs. Write down your findings.

You may find the Oxleas NHS Foundation Trust's factsheet for individuals' families and carers, 'Dealing with difficult behaviour' a useful source of information as it contains tips for best practice compiled by carers, the national mental health charity Rethink and Mental Health Care UK, one of the UK's largest providers of residential care to individuals with learning disabilities, mental health issues and autism.

Evidence opportunity

1.3 Ways to manage challenging situations

Identify challenging situations that have occurred in the care setting where you work; you may have been involved in these or you may know someone who has. For each one, explain the ways you can manage these should they happen again. Develop an information handout that you and other members of the team can use, giving advice about ways to manage challenging situations.

LO2 Be able to meet the communication and language needs, wishes and preferences of individuals

Getting started

Make a list of the key people you communicate with on a day-to-day basis. For each one, write down the ways that you use to communicate with them. Compare the methods you use across all of these. What similarities and differences are there? Why do the methods you use vary? What are the potential consequences if you do not adapt the communication methods you use with different people?

AC 2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals in order to maximise the quality of the interaction

Your work practices will be observed for this assessment criterion; you will have to demonstrate how to establish the communication and language needs, wishes and preferences of individuals in order to maximise the quality of the interaction and get the most from it.

Why is it important to establish communication and language needs, wishes and preferences of individuals?

We are all different and therefore we all communicate in different ways. In order for communication to be effective, you must find out individuals' unique communication and language needs, wishes and **preferences** that may be based on their **beliefs**, **values** and **culture** (see below for definitions). It is important to establish what their communication and language needs, wishes and preferences are because doing so will mean that your interactions will be respectful, person-centred, effective, empathetic, appropriate and sensitive.

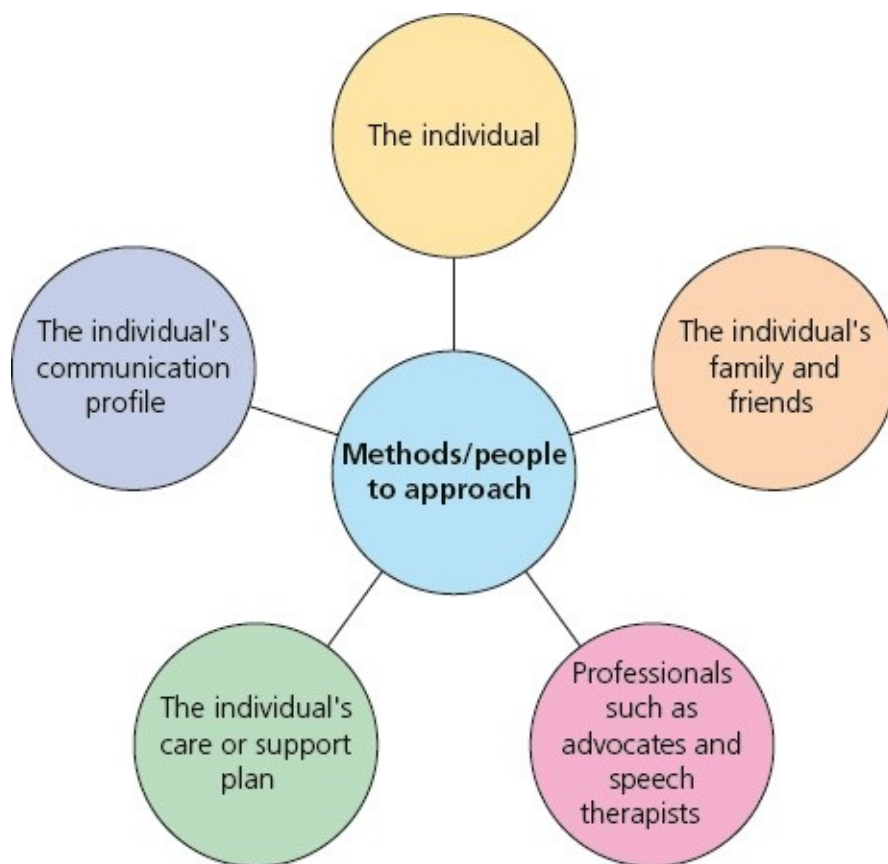


Figure 5.3 Methods/people to approach when establishing communication and language needs, wishes and preferences

How to establish individuals' communication and language needs, wishes and preferences

As you will have learned, individuals' communication and language needs, wishes and preferences will vary. As [Figure 5.3](#) shows, there are a range of methods that you can use to establish what these are and the people you can approach.

The individual themselves can provide you with useful information about their communication and language needs, wishes and preferences. How you establish this with them will vary across individuals but may involve asking them or observing how they communicate with others who know them well, such as their families and friends. Individuals may be able to tell you themselves how they prefer to communicate with others, they may for example prefer to use verbal communication and short sentences or a mixture of words and signs. Individuals can also show you how they prefer to communicate with you by showing you

how they use their [communication aid](#) to express their thoughts, feelings and ideas with their friends and family when they visit. They may even show you through non-verbal communication what their preferences are by using facial gestures or body language, for example.



Key terms

Preferences refer to an individual's choices and may be based on beliefs, values and culture. In this unit, this relates to how individuals choose or 'prefer' to communicate with others.

Beliefs are ideas that are accepted as true and real by the person that holds them. They could be religious or political, for example. They may also be to do with someone's morals or the way they live, for example 'I believe in treating others how I expect to be treated.'

Values are ideas that form the system by which a person lives their life; often a person's beliefs can develop into their values.

Culture refers to particular ideas, traditions and customs practised and shared by a group of people, usually from a particular country or society.

The individual's family and friends can be another very useful source of information in relation to establishing the individual's communication and language needs, wishes and preferences because they know the individual well and can therefore provide a valuable insight into the individual. For example, they may use the individual's preferred language when communicating with them such as [British Sign Language \(BSL\)](#) which they may have adapted to reflect the individual's preferences. The individual's family and friends will also be able to tell you the dos and don'ts when communicating with their relative, for example 'do stand opposite them so that they can see you, do sign clearly, don't rush your communications as this means the individual may misunderstand what you are communicating and can make the individual feel frustrated, don't turn your body away from the individual during communications as they may interpret this as you ending your communication.' Dos and don'ts such as these will apply with most individuals you work with but the advice of those who know them best will be useful to you as you will be able to learn about communication methods specific to the individual.

Advocates and other professionals such as [speech and language therapists](#) will also know the individual well and will be able to share with you what works best

from their perspective during communications. The individual's **advocate** may provide you with useful tips in relation to establishing the individual's wishes during interactions by suggesting, for example, that you only provide two options at a time when asking the individual to make a choice; for example when asking an individual what they would like to drink you could show them the orange bottle and the blackcurrant bottle. If the individual points to the blackcurrant bottle you could show them both bottles again to check that they are choosing what they prefer to drink. If the individual points to the blackcurrant bottle again then you know that they have chosen to have a drink of blackcurrant.

Speech and language therapists can provide you with guidance on different techniques and approaches that they use when communicating with individuals. For example, they may suggest when communicating with an individual who has had a **stroke** to provide the individual with sufficient time to respond to you during interactions, otherwise the individual may not be able to express what they want to, feel frustrated that they didn't do so and may therefore be reluctant to participate in further communications with you.

An individual's care or support plan can include useful background information about the individual, for example in relation to their culture and beliefs and how these may affect their communication preferences. For example, the **care or support plan** can help to establish what rules or behaviours must be observed during communications with the individual, such as how to address them (perhaps by using their first name or a nickname) as well as what not to do (perhaps not using a handshake when greeting them as this may be considered inappropriate in their culture).

An individual's care or support plan will also provide up-to-date information about the individual's communication and language needs, wishes and preferences. This information will change over time if the individual's needs change, so it is important to check this document prior to every communication with the individual to ensure that every interaction with them is of a good quality. For example, an individual upon arrival at a care setting may use English as their preferred language but may have developed dementia during their time at the setting. This condition may then cause the individual to revert to using their preferred language when they were a child. It is therefore important that you are aware of any changes that arise so that you can continue to have effective communications with the individuals you support.

Communication profiles provide detailed information about specific

communication and language needs individuals may have and usually include specific guidance about how to communicate with individuals effectively. They are used alongside the individual's care or support plan. For example, an individual who is [deafblind](#) will use more than one method of communicating with others, such as touch to explore the world around them and [objects of reference](#) to interact with others. Establishing how these are used will be central to the quality of your interaction with the individual.



Reflect on it

2.1 An individual's care plan

Reflect on the individuals in the care setting where you work. Think about the information contained in an individual's care or support plan in relation to communication. What details are provided? Why are these important for establishing the individual's communication and language needs, wishes and preferences? Remember that if you provide a written account or have a discussion about this, you must respect confidentiality and not include any details that will give away the individual's identity.



Research it

2.1, 2.3 Communication methods for people who are deafblind

Research different methods of communicating with individuals who are deafblind; remember that every individual is a unique person and so the methods they may choose to communicate with will also vary. Produce an information leaflet with your findings.

You may find the Sense website a useful source of information.



Key terms

A **communication aid** is a tool that enables an individual to communicate and interact with others. For example, a communication book that contains photographs and signs of people, places and objects familiar to the

individual.

British Sign Language (BSL) is a system used by individuals who are deaf or have a hearing impairment, to communicate and interact with others. It involves using hand signs, gestures, facial expressions and body language.

An **advocate** is someone who speaks on behalf of someone else or who represents someone else who is unwilling or unable to speak for themselves because of an illness or disability, for example.

Speech and language therapists are professionals who support individuals who have communication difficulties. They might assist those who make have speech problems or difficulties using language.

A **stroke** or cerebrovascular accident refers to a life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Depending on the part of the brain it damages, it can affect how your body works, your communication and how you think and feel.

A **care or support plan** is a document that sets out the agreed plan of care or support for an individual.

Deafblind refers to an individual who has both hearing and sight loss. The combined loss of their hearing and sight means that their ability to communicate and mobilise is severely affected.

Objects of reference are used as a means of communication by individuals and can be any object which is used to represent an item, activity, place, or person. For example, a fork can represent lunchtime, and a photograph of a train can represent going to visit a family member.

Evidence opportunity

2.1 Establishing communication and language needs, wishes and preferences

Your work practices will be observed for this assessment criterion; you will have to demonstrate how to establish the communication and language needs, wishes and preferences of individuals.

Show your assessor how you establish the communication and language needs, wishes and preferences of two individuals in order to maximise the quality of the interaction. You will need to begin by presenting a brief profile for each individual in terms of their condition or disability and how

this affects their communication.

Table 5.3 Conditions and examples of how they may impact on individuals' communication

Condition	How it impacts on communication
Dementia, e.g. Alzheimer's disease	Difficulties in remembering and retaining information, unable to follow thread of conversation, inability to find the right words for objects. An individual with a different type of dementia such as fronto-temporal dementia may, for example, due to their condition appear indifferent or lacking in empathy when communicating and interacting with others.
Stroke	May affect an individual's speech or understanding. May also affect an individual's expression of what they want to say. Individuals who have had a stroke (see page 206 for definition) find that it usually causes damage to one side of the brain. For example, if it causes damage to the left side of the individual's brain then it can affect the brain's functions that are responsible for an individual's speech, ability to understand communications as well as their reading and/or writing skills; in other words, an individual's ability to use language. This is a condition known as aphasia and sometimes also referred to as dysphasia (see page 208 for definition). However, not all individuals who have had a stroke find that it affects their ability to use language; for example, if it causes damage to the right side of an individual's brain then the individual may have difficulties with putting information together such as being able to say what they see or hear.
Arthritis (see page 208 for definition)	May cause pain, and the individual may appear distracted or disinterested so this will affect when you approach them.
Mental health conditions	Lack of concentration, anxiety around others in busy environments.

AC 2.2 Describe the factors to consider when promoting effective communication

When communicating with individuals it is very important to be aware of the many different factors that may have an impact on how effective your communications are. As you will have learned in [AC 2.1](#), individuals' communication and language needs are diverse depending on individuals' conditions and abilities. It is important therefore to be aware of how these and other factors may impact on you being able to communicate effectively with them.

Individuals' conditions

[Table 5.3](#) lists conditions and examples of how they may impact on individuals' abilities to communicate. It is also important to remember that individuals with the same condition may also experience it differently and so do not assume that the factors that you will take into account will be the same.



Key terms

Alzheimer's disease is the most common cause of dementia; symptoms can include the gradual loss of memory and communication skills and a decline in the ability to think and reason clearly.

Fronto-temporal dementia is a rare form of dementia caused by damage to the frontal lobe of the brain which controls our emotional responses, behaviour and social skills.

Aphasia is most often caused by stroke. It is a complex language and communication disorder which affects the ability to produce or comprehend speech, and the ability to read or write. It can also be caused by any disease, injury or damage to the language centres of the brain. People who suffer from aphasia experience a complete disruption to their communication, they will not understand what others say and will be unable to speak.

Aphasia can also range from being mild and only affecting one form of communication such as reading to severe and affecting an individual's speech and understanding when communicating with others (known as mixed or global aphasia). For example, some individuals may not be able to understand what others are saying to them (known as receptive aphasia),

others may not have difficulties understanding what is said but may instead find it difficult to express what they want to communicate (known as expressive aphasia).

Dysphasia is a language disorder that is caused by damage to the brain. People with dysphasia will often have difficulty with verbal communication. It is different to aphasia because here people will experience partial loss of speech. They will still experience difficulty in comprehending and understanding language.

Arthritis is a medical condition that affects joints by causing pain, stiffness, swelling and decreased mobility of the joints.

Sensory loss refers to hearing loss, sight loss or both hearing and sight loss.

Block alphabet is an adapted form of finger spelling taken from British Sign Language (BSL) where you use your finger to trace the outline of capital letters on the palm of the deafblind individual thus enabling communication by touch alone.

Autism spectrum disorder (ASD) is a lifelong condition that affects how people perceive the world and interact with others. For example, they may have difficulties interacting and socialising with others.



Reflect on it

2.2 Communication differences

Think about the differences that exist in people's ability to communicate for various reasons. How do you react to these differences in a way that promotes effective communication? Write a reflective account.

Individuals' abilities

Sensory loss

Individuals who have a [sensory loss](#) require different levels of support with their communication depending on how much sight or hearing they have. For example, when communicating with an individual who is partially sighted but has no hearing loss you may be able to gain their attention by speaking to them first, such as saying their name to make them aware that you are speaking to them. By contrast, when communicating with an individual who is blind and

deaf you may gain the individual's attention by placing your hand on the top part of their arm (so that you do not startle them) and then using [block alphabet](#) to spell your name on the palm of their hand (so they know who you are).

Autism spectrum disorder (ASD)

An individual with [autism spectrum disorder \(ASD\)](#) may have difficulty using non-verbal communication and understanding others. ASD can affect individuals' communication in different ways; no two individuals with the same condition are the same and therefore their individual communication and language needs must be taken into account. For example, one individual with ASD may communicate with others verbally and may be able to talk in detail about their interests such as trains or places in the world but may not be able to engage with you in a conversation about either of these topics because of their condition. Another individual with ASD may have limited speech and find it difficult to understand non-verbal communication such as body language, gestures and facial expressions. It is important to understand these differences to avoid individuals becoming frustrated and not being able to express their ideas, thoughts and feelings.

Learning disabilities

Individuals who have [learning disabilities](#) will also require a different approach when communicating depending on the level of their learning disability. Some individuals may communicate using adapted forms of communication such as Makaton, others may require you to speak clearly and use short sentences, and others may use photographs and objects of reference to make themselves understood. Knowing how every individual communicates will enable you to adapt your approach, communicate and interact with them positively.



Figure 5.4 How and why do you adapt your communication to meet the needs of individuals?



Research it

2.2, 2.3 Learning disabilities

Research what a learning disability is, then write your own definition. You will find Mencap's factsheet, 'What is a learning disability?' a useful source of information.

Research best practice when communicating with individuals who have different levels of learning disabilities and then produce a 'Top Tips' information guide for how to communicate with individuals with learning disabilities. You will find Mencap's factsheet, 'Communicating with people with a learning disability' a useful source of information.

Individuals who use recreational drugs and alcohol

Recreational drugs are substances that individuals take to make themselves feel better when they do not feel good about themselves or their lives and these can be harmful to the individual's health. These can include both legal and illegal substances such as tobacco, alcohol, cannabis, cocaine, heroin and controlled

drugs such as sedatives that can be used to help individuals who have anxiety attacks and difficulties with sleeping. Individuals can, when under the influence of recreational drugs and alcohol feel disorientated, confused and be unable to think logically or respond rationally to situations and interactions with others because their thinking and understanding may be impaired as a result of taking these substances. It is important to be patient and remain calm when interacting with someone who may display behaviour that challenges and not take anything they say or do personally because it may be the substances that they have taken that are making them act in this way.

It is also important to observe what an individual is trying to express through their behaviour. For example, although an individual may be shouting, their facial expressions and body language may tell you that they're feeling unhappy or frightened. Recognising these signs can help you recognise what may be contributing to their behaviour and address it so that it allows for more effective interactions. If you find that you have tried everything you can and the individual is still behaving inappropriately it may be best to take some time out and leave the individual to calm down before approaching them again later on.

Language used by those who work in care settings

Senior care workers, like individuals are diverse and may originate from different parts of the UK and other countries. This means that their preferred language and the dialect they use may be different to those of individuals. For example, they may use phrases that are specific to the area or country they originate from but can have different meanings in other areas or countries, such as the term 'darling' which can be received as a term of endearment or be seen as patronising. Similarly, when senior care workers use abbreviations and 'professional speak' individuals may feel uncomfortable if they cannot understand what is being said, for example being referred to as 'customers' or people with 'LDs' (learning disabilities).

Evidence opportunity

2.2 Factors to consider when promoting effective communication

Develop a case study of an individual who has care or support needs. You can base this on an individual who you know but you must remember to keep their details confidential when including the case study as part of your portfolio. Describe a range of factors that you and others must take into

account when communicating with this individual. For each one, explain the reasons why not doing so may prevent effective communications from taking place. Make sure you provide a written account.

Approaches used by those who work in care settings

The approaches used by senior care workers are also important, for example in relation to how they communicate and interact. For example, not using an individual's preferred name can mean that the individual will not engage and rushing your communications can also mean that individuals feel devalued by you and therefore will be less likely to engage with you. Approaches that have the individual's needs at the centre are commonly referred to as person-centred approaches; these are ways of working that are focused on the individual and that enable the individual to be in control of their life; this is covered in great detail in [Unit 307](#) Promote person-centred approaches in care settings.

Pay attention to body language

We cover body language, non-verbal communication and the messages that are conveyed through this in [AC 2.3](#).

AC 2.3 Demonstrate a range of communication methods and styles to meet individual needs

Your work practices will be observed for this assessment criterion; you will have to demonstrate how to use a range of communication methods and styles to meet different individuals' needs. As you will have learned in [AC 2.2](#), choosing the most appropriate way of communicating with individuals will depend on what their needs are. As these will vary for different individuals and situations it is important that you are aware of the communication methods and styles that can be used. Remember too that very often individuals use more than one method to communicate with others.

Communication methods

There are many different types of communication methods and these may include non-verbal and verbal methods as well as technological aids. [Table 5.4](#) includes examples of how non-verbal communication methods can be used to meet individuals' needs. [Table 5.5](#) includes examples of how verbal communication methods can be used to meet individuals' needs. [Table 5.6](#) includes examples of how technological aids can be used to meet individuals' needs.

Other communication aids available to support effective communication can include the following:

Picture Exchange Communication System (PECS): these are used by individuals with learning disabilities as well as autism spectrum disorder to communicate with others using pictures. For example, pictures can be exchanged by individuals for items they would like such as a book or something to eat as well as to answer questions such as 'What do you want to wear today?'. These pictures can also be presented in the form of a communication book or board that is personal to the individual and can be used solely with them. PECS encourages individuals who have difficulties communicating to approach others to initiate communications.

Talking Mats: these are an application used by individuals with dementia who have difficulties with their verbal communication to enable them to communicate using a combination of pictures and symbols with text. For example, the individual could be given options of different activities available and the individual could then choose the ones they would like to participate in as well as those that they wouldn't. Cue cards or picture cards could be used instead

where technology equipment, i.e. tablets or PCs, are not available.

Table 5.4 Non-verbal communication methods and how you can use them to meet the needs of individuals

Non-verbal communication methods	How you can use non-verbal communication methods to meet individuals' needs
Eye contact	● Making eye contact with an individual can be used to gain their trust and engage the individual. Some individuals may prefer to avoid eye contact, and this may be due to their culture so don't maintain eye contact during communications if this is the case as this may make these individuals feel uncomfortable. ● Eye contact should be used intermittently rather than for longer periods as doing so may create tension and lead to an awkward atmosphere. For example, you may do so when empathising with an individual who is worried about going into hospital for an operation. ● Eye contact can also be a way of an individual expressing their choice, for example, of a drink they wish to have or a person they wish to see. Every individual will use eye contact in different ways; some may prefer to look at the item, others may prefer to blink when the item or person's name is spoken to them. ● Avoiding eye contact is not always a negative sign, and in some cultures it is actually a sign of respect. It is important to be aware that your own cultural traditions may differ from those of the individuals you care for.
Touch	● Touch can be a way of letting an individual know that you want to speak to them. For example, you may place your hand on the top of a deafblind individual's arm when you enter the room to let them know you are there or you may use your finger to fingerspell your name on the palm of a deafblind individual's hand. ● Touch can be a method of showing your empathy. For example, an individual may have received some sad news and may be upset. Placing your hand on an individual's shoulder may show that you are empathising with their sad news. ● Touch can also be a method of providing reassurance. For example, when an individual has had a fall they may be frightened that they will have another fall and be less likely to want to mobilise again. Offering a supporting arm or placing your hand in theirs can encourage them to mobilise again and gradually increase their confidence. ● Touch may also be useful when supporting someone with a visual or hearing impairment, where they are unable to see your facial expressions, so there may be times when you need to place a reassuring hand on the individual's shoulder, for example, but always check with them first, and allow them to guide and direct you. ● You should always check whether individuals are happy to have their hand held or have a reassuring hand on their shoulder. You can do this simply by asking the individual if they are happy to receive a hug, or have their hand held. At times, the individual will show if they find touch acceptable through their body language. However, they may not do this if they do not want to cause offence and so it is important to check with them. This will mean that the only interaction that takes place is that with which the individual is comfortable with. ● Rules around touch also vary according to the culture and beliefs of the individual so it is important that you do some research to find out if a hug or handshake is okay. You could ask them or their family members or relatives. It will be important to think about factors such as the gender, age and religion of the individual. For example, an elderly lady may find it acceptable to have her hand held by a female adult care worker, but not by a male care worker.

Non-verbal communication methods	How you can use non-verbal communication methods to meet individuals' needs
Physical gestures	● Physical gestures can be used with or without words and can express how you are feeling. For example, this may involve face, hand and/or gestures with other parts of the body. ● Facial gestures such as a smile or a nod of the head can show your agreement. Nodding your head can have different meanings to different individuals and can mean the opposite of what you intend, for example a nod may mean a 'No' instead of a 'Yes' as you intended. ● An open body posture where your arms and legs are not crossed when sitting down talking to an individual can show the individual that you are interested in what they are saying. Crossed arms and legs suggest a 'closed' posture and could be interpreted as you hiding something.
Body language	● Your body can also show how you are feeling and gives out non-verbal messages with or without you realising, so it's always a good idea to pay attention to what your body language is saying and how it will be interpreted by the individual. ● For example, if you lean towards an individual when speaking to them this can mean that you are interested in what they are saying, but too much may make them feel uncomfortable as you are stepping into their personal space and may mean they withdraw from the communication. ● Rolling your eyes, looking away or yawning when an individual is talking to you may indicate that you are bored or disinterested in what they are saying because you are too tired to listen. This will make the individual less likely to want to communicate. ● Crossing your legs and arms also conveys a 'closed' posture, suggesting that you may not be open to what the individual has to say.
Behaviour	● How you behave when you communicate with individuals is important. Positive behaviour encourages positive communications because it promotes mutual trust and respect. ● For example, sitting upright and not slumping in your chair when speaking with an individual will show that you are paying attention to them and that you are taking a genuine interest. ● Pacing up and down, leaving the room and re-entering or doing small jobs while talking to someone that involve moving or walking away from the individual, not paying attention to the individual or turning your back on them will give out messages that you are not listening to what they are saying; this may result in the individual withdrawing from the communication.
Sign language	● Sign language can be used to communicate with individuals in different ways depending on how they use this. ● For example, although two different individuals may use British Sign Language (BSL) they may use the same sign to mean a different word or may express it slightly differently. Knowing the individual and the signs they use is key to avoiding misunderstandings. ● Individuals with learning disabilities may use their own adapted form of sign language to communicate with others. They may use signs to mean phrases or signs alongside words and/or gestures. Knowing the meanings of these will help you to be able to understand an individual's needs.

Non-verbal communication methods	How you can use non-verbal communication methods to meet individuals' needs
Braille	● Braille (see page 215 for definition) can be used as a method of written communication using characters that are represented by patterns of raised dots that are felt with the fingertips and used by individuals who are blind. Braille is not only available on paper but also some smart phones can offer braille and also keyboards for PCs are also available in Braille meaning that individuals with sight loss can access the internet and communicate with others using the internet and social networking sites such as Facebook. ● Being able to read braille if you are sighted will mean that you will be able to communicate with an individual who uses it and engage in communications with them. ● An individual may use braille and other similar forms of communication differently depending on their needs. For example, individuals who have sight loss and other communication difficulties may use Moon which is similar to Braille and based on touch but instead of dots, letters are represented by 14 raised characters at various angles.
Pictorial information	● Pictorial information can be used with or without words. When used with words it can often reinforce the meanings of communications. For example, a list of recreational activities for an individual to choose from could be accompanied by pictures or photographs of each activity to ensure the individual understands what each activity involves. ● Pictorial information such as photographs can also be used by some individuals without words and as a substitute for words. For example, in response to an individual wanting to know whether they are having any visitors today, you could show them the photographs of the people that will be visiting them. ● Pictorial information must be used sensitively, and it is important that it represents the messages you intend to give out. It should include images that are positive and representative. For example, using images of only young female women or individuals from specific cultures may mean that individuals from other genders and cultures will not be able to relate to these and therefore communications may be more difficult. Ensuring pictorial information is representative of individuals' diverse needs is important.

Table 5.5 Verbal communication methods and how you can use them to meet the needs of individuals

Verbal communication methods	How you can use verbal communication methods to meet individuals' needs
Vocabulary	● The spoken words you use can be adapted to meet individuals' specific needs. For example, you may use short, single words to make yourself understood when speaking to an individual with dementia rather than long sentences or phrases that the individual may find confusing and not be able to understand. ● The level of vocabulary you use can also be adapted. For example, an individual who has limited understanding because of a disability may understand basic words but not be able to understand complex ones. ● The type of vocabulary you use is also important to consider when meeting individuals' needs. Too much jargon may mean that the individual cannot understand what you are saying. Similarly, an individual who speaks a language that is different to your own may misunderstand regional vocabulary such as 'peepers' (meaning eyes) or 'tea' (meaning dinner).

Verbal communication methods	How you can use verbal communication methods to meet individuals' needs
	● Repeating phrases and what the individual is saying can also show that you are listening and be encouraging for the individual. ● Asking a mixture of open and closed questions will allow you to gauge different responses. Open questions starting with 'how', 'what', 'why', 'where' and 'when', such as 'how did you feel when your daughter visited you?' will encourage individuals to speak in more detail and help build your relationship. Closed questions such as 'would you like to go to the shops?' will allow you to receive more straightforward 'yes' or 'no' responses (see page 233 for definitions).
Linguistic tone	● Your linguistic tone (see page 215 for definition) when speaking to others can be adapted in different ways to meet individuals' needs; for example, by speaking in a quieter tone when empathising with an individual who is anxious about moving home. ● You can also use your linguistic tone to create a positive mood when communicating with individuals. For example, a positive, pleasant tone of voice can be motivating when encouraging an individual with depression to leave their home and go out to socialise with others. ● Your linguistic tone can also create different feelings that individuals can sense when you communicate with them. For example, an abrupt linguistic tone will not encourage communication between you and the individual.
Pitch	● Similarly, the pitch of your voice (see page 215 for definition) when speaking to an individual can also create different feelings and moods during communications. It is important to be aware of this so that you can ensure your pitch mirrors your intended message. ● For example, when listening to an individual who is excitedly telling you about a new skill they have learned such as cooking or a language you can show your excitement for their news by congratulating them using a high pitch of voice when saying 'Well done!' ● By contrast, a low pitch of voice may be more appropriate for when an individual is confiding in you. For example, they may be sharing with you the concerns they have over their future care needs as their illness progresses or a sad event that they have experienced in their life.

Table 5.6 Technological aids and how you can use them to meet the needs of individuals

Technological aids	How you can use technological aids to meet individuals' needs
Voice Output Communication Aids (VOCA)	● Technological aids that help individuals to communicate can be used alongside verbal and non-verbal communication methods depending on individuals' needs. Technological devices can range from simple electronic devices to more complex speech output devices and specialist communication software. Knowing how individuals use these can also greatly aid your communication. ● For example, an individual with hearing loss may use a hearing aid or cochlear implant to help with making the sounds they hear louder. This can mean that they may find it easier to participate in communications if they can hear when you or others are speaking to them. ● For example, an individual with a moderate learning disability may use a Voice Output Communication Aid (VOCA) such as a BIGmack, which is an electronic device that speaks a recorded message when it is pressed to communicate with others. An individual may wish, for example, to say hello to their friends when

Technological aids	How you can use technological aids to meet individuals' needs
	they arrive at their home. The word 'Hello' can be pre-recorded and the switch on the BIGmack can be pressed by the individual to release the recorded message as each of their friends arrive. ● For example, an individual who is blind may use a piece of software such as a screen reader to access a computer, tablet or smartphone by reading the information that is displayed on the screen out loud to the individual. This can mean that the individual is able to receive emails and participate with their friends in social networking sites.
Mobile phones	● These can be helpful as some mobile phones include features like 'increased magnification' for an individual with sight loss (the words and pictures on the phones can be enlarged) and hearing aid compatibility so that it is easier to hear for those with hearing difficulties.
PCs, tablets, laptops	● These include software applications designed to enable individuals with a range of needs to communicate more effectively, such as an app that lets you choose a pre-recorded voice or records your own voice saying the words.



Figure 5.5 Using technology to communicate

Objects of reference: these are used by individuals who may find it difficult to understand spoken words or photographs. Objects of reference are items that represent to the individual an item, a person, an activity and/or a place. So, you may use different objects of reference for the same item for two different individuals, for example a plate can mean lunchtime to one individual while a sandwich may mean lunchtime to another.

Communication passports: these are used by individuals who have difficulties communicating with others to provide information about themselves such as their likes, dislikes or medical condition. These may be used, for example, by the individual when accessing a college course for the first time or during a stay in hospital.



Key terms

Braille is a method of written communication using characters that are represented by patterns of raised dots that are felt with the fingertips and is used by individuals who are blind.

Tone refers to the sound you hear, for example volume, mood, feeling.

Linguistic tone refers to your tone when speaking, for example volume, mood, feeling.

Pitch refers to the quality of sound you hear, for example degree of highness or lowness of tone.

Voice Output Communication Aids (VOCA) help individuals to communicate by speaking recorded messages and displaying words and symbols on a screen.



Research it

2.3 Technological aids

Research the different types of technological aids available for three individuals with different disabilities or conditions. Remember, each individual is a unique person and therefore how they use the technological aid may vary from another individual who has the same disability or condition.

Develop a visual handout that shows how to use each technological aid with these individuals.

Demonstrating your knowledge and skills of which communication methods are suitable to meet individual needs is an essential part of promoting positive and engaging communications. It is also important that you are aware of your communication style and how to adapt it so as to ensure that you build respectful and good working relationships with individuals and all others you work with.

Other methods

When considering a range of communication methods and styles to meet individual's needs, you will also need to consider the different forms that communication can take. For example, communication does not just take place face-to-face, there are various ways that you use to communicate including over the telephone/mobile phone, through email, through social media such as Facebook and Twitter, through electronic messaging such as texts and WhatsApp, and through video phone calls such as through FaceTime and Skype. There is more information about this in [Unit 201](#) Safeguarding and protection in care settings.

Communication styles

The range of positive communication styles that can be used to meet individuals'

different needs are varied, some examples are included below.



Research it

2.3 High and low pitch and tone

Search the internet for clips to understand what high pitch, low pitch, high tone and low tone voices sound like. That way, you will have a better understanding of what these are and what they may mean when communicating with individuals.



Reflect on it

2.3 Communication styles

As you read about communication styles, think about which ones you recognise in yourself as using the most. Are there any you don't use as much but think you should? What qualities do you think you need to be able to use these? Do you think you need to be kind? Do you need to be empathetic? Do you need to be patient? Are there occasions where a more formal style of communication is needed and some where a less formal one is needed? What are your expectations of others in your interactions? Do you expect certain professionals such as doctors to communicate in a more formal way? What kind of communication style do you think others such as individuals expect of you?

- **Assertive:** You can show an assertive style of communication by using a calm and clear tone of voice when speaking and by using clear and appropriate language and vocabulary (see the section on communication methods for more information). An assertive style of communication creates a respectful, relaxed and warm environment to communicate in. This style of communication can enhance the ways that others view you, as a professional who has the knowledge and skills and is able to convey this through the way that they carry out their role. At the same time, you should ensure that you respect the individual's rights to their opinions and their right to be assertive. This mutual respect can therefore lead to positive communications.
- **Enabling:** this style of communication can show your ability to communicate

with individuals in a way that supports individuals to take the lead in communications so that they feel in control of the interaction. You can show an enabling style of communication by always taking the lead from the individual and let them tell you about their communication preferences; in this way the individual will feel in control and competent to be able to state their needs clearly.

- **Flexible:** this style of communication can show your ability to adapt to different situations and meet individuals' needs. You can show a flexible style of communication by being observant in relation to what the individual is communicating both verbally and non-verbally through tone and pitch, body language and gestures and then responding to this appropriately using the form of communication that the individual is using with you. You will need to be both patient and creative. For example, if an individual with dementia starts using gestures rather than words, then you could interact with them in the same way; this will make the individual feel you are communicating with them at their level. Similarly, you may need to adjust the level of language that you use depending on the person you are speaking to. For example, a person with a learning disability may find it difficult to understand you if you use long, complex sentences or jargon.
- **Professional:** this style of communication can show your ability to communicate with different individuals appropriately in different situations. For example, the verbal and non-verbal communication methods you use to communicate with an individual who is feeling very upset may involve using reassuring words, placing your hand on their shoulder to show your empathy and understanding. The communication methods you use with an individual who is very agitated may involve little or no speech and no touch; instead you may decide that you are going to increase the personal space between you and the individual so that they can have an opportunity to calm down.

There are also a number of things that you should avoid. For example, you should not sit with crossed arms and legs as this suggests you are not open to what the individual has to say. Instead actively show that you are listening by appropriate body language, leaning forward, nodding and showing genuine interest in what the individual has to say. You should not interrupt when the individual is speaking as this suggests that you do not care for what they have to say, nor should you dismiss what they have to say. Instead, value their fears and concerns and be understanding and empathetic towards them. Make sure you focus on the individual and what is best for them rather than giving your own opinions and advice based on your own life experience. Instead focus on giving

them the knowledge and information they need to make their own informed choices and decisions, thus ensuring your practice is person-centred.



Reflect on it

2.3 Reflecting on communications and interactions

Reflect on an occasion when you communicated with someone else such as an individual with care or support needs, or a friend or a family member, but it did not work the way you intended it to.

What happened? Why do you think the communication wasn't effective?
What communication method and style did you use and why?

What could you have done differently? What might have been the impact if you had done this?

AC 2.4 Demonstrate how to respond to an individual's reactions when communicating

Your work practices will be observed for this assessment criterion; you will have to demonstrate how to respond to an individual's reactions when communicating.

As you have learned, there are a diverse range of communication methods and styles you can use to respond to an individual's reactions during communications that may include, for example, individuals being non-responsive, distracted, happy, angry, upset or anxious. You will also find it useful to review your previous learning about different ways of managing challenging situations ([AC 1.3](#)).

Below are some top tips for how to respond effectively to an individual's reactions when communicating with them:

- 1 Listen carefully:** active listening is key to understanding an individual's reactions and how they are feeling. Think about what you learnt in [AC 2.3](#) about body language, eye contact and the importance of not only listening to what an individual is saying but also what they are saying through their body language and gestures. Leaning forward, nodding and maintaining eye contact will show your interest and may help the individual to feel more confident when speaking to you. Appropriate facial expressions and reactions will also display that you are paying close attention to what the individual is saying. For example, a serious expression in a conversation of a serious nature will be more appropriate. Of course, this should come naturally but this is also something you can learn, practice and improve.
- 2 Respond accurately:** this involves you responding not only to the words that individuals say but also to the way individuals act and behave. It is important to observe an individual's verbal and non-verbal reactions when communicating with them so that you can respond appropriately. For example, if you ask an individual whether they want to go out on the train and they do not respond, find out what their non-response means. Do not assume they do not want to go out on the train. The individual may not have responded because they have not understood the question, because they have not heard because of background noise or because their hearing aid is not working. Investigate further – perhaps you need to repeat the question again clearly or use another form of communication such as a photograph of a train.

- 3 Respond promptly:** this involves you taking action immediately; delaying responding to an individual's reactions when communicating is not an option. For example, if you are communicating with an individual with a learning disability and you notice that they become easily distracted when doing so then this could be a sign that the individual is not understanding what you are saying or does understand what you are saying but is finding the communication difficult. It is important to acknowledge to the individual that you've noticed that they appear distracted; not saying anything may make the individual think that you're not interested in what they have to say. It is also a good way of gaining their attention and once you have this you can try and use a different form of communication with them. You can do this in a positive and supportive way by asking them what support they would like to participate in the communication with you.
- 4 Respond appropriately:** this involves you demonstrating your empathy, in other words showing that you can relate to how an individual is feeling. For example, if an individual is sharing with you that they've had a very enjoyable weekend with their family then it would be appropriate for you to respond showing that you are pleased for them. You can do this by paying attention to the tone and pitch of your voice when communicating with the individual, i.e. you could use a higher pitch and an excited tone that creates a happy feeling to the interaction. By contrast, if an individual is upset over experiencing a recent family bereavement you would need to adapt your tone and pitch to reflect that you empathise with the individual, i.e. by using a lower, quieter tone.
- 5 Respond professionally:** this involves you recognising that when responding to an individual's reactions when communicating you have a duty of care towards every individual to ensure their safety, health and well-being. Duty of care is covered in more detail in [Unit 305](#).



Reflect on it

2.2, 2.4 Difficult communications

Reflect on an occasion when you found a communication with someone else difficult. For example, this may have been because you couldn't understand what they were saying, or you were in a rush and didn't have time to communicate with the person or you didn't like the way the person spoke to you.

How did you feel? Why? Did you show the person you were

communicating with that you were finding the communication difficult? How did you do this? Was it verbally? Non-verbally? How did the other person respond to you? Why? Was this helpful? If not, why not?

Write a short reflective account addressing the questions above.

Dos and don'ts for responding to an individual's reactions

Do	Listen actively. Listen to what the individual has to say to you so that you respond appropriately. Listen to the tone and pitch of their voice as this will convey their emotions and how they are feeling. It may be that they are speaking in an unusually loud voice, or faster or slower than usual.
Do	Look at the individual's eyes and the contact that they are trying to make. Check to see whether they make direct eye contact or if they avoid eye contact. It may be that the individual does not feel comfortable or confident in speaking to you.
Do	Do ask questions to check how the individual is feeling. This might be a simple 'Are you all right?' or 'Is there anything that is upsetting you? Would you like to speak to me about it? If you'd rather not speak to me, is there anyone else you would like to speak to?'
Do	Look out for overall changes in behaviour and behavioural patterns and moods. It may be that the individual's reactions in a one-to-one conversation are part of a bigger shift in behaviour. It may be that someone you have cared for and know to be mild-mannered has suddenly become rather violent. Or someone who is normally positive and bubbly looks withdrawn and distressed. Changes in their health may also be indicators of other things. For example, they may be experiencing cardiovascular/heart-related issues due to stressful situations (issues at work, with family or bereavement for example) they may be experiencing. Having this information and understanding the triggers for any changes in behaviour will allow you to better understand the individual's reactions during your communications and respond to an individual's needs.
Do	Look out for signs of distress so that you can tailor your communications appropriately. Sometimes these will be very obvious in the individual's physical reactions. For example, you might notice that they are fidgeting and showing unease. There may be even more concerning health issues visible such as heavy breathing.
Don't	Forget the things that you have learned about effective communication skills. For example, remember to retain eye contact in your interactions but not to stare; remember rules around personal space and ensuring the individual is comfortable; show that you are actively listening to the individual by leaning forward and having an open body posture where you are not crossing your arms and legs; remember the rules around touch and only doing this if this is acceptable with the individual. Remember how important it is to understand what is acceptable based on the individual's culture. Refer to Tables 5.4, 5.5 and 5.6 in AC 2.3.
Don't	Ignore body language. Pay attention to how the individual is seated. Are they sitting upright, and looking relaxed? This might show that they are feeling confident and happy. Are they leaning towards you? This might show that they are interested in what you have to say. However, someone who is slouching in their seat or who has their arms and legs crossed, sitting back in their chair shows signs of low confidence and disinterest.



Case study

2.2, 2.4 Factors to consider when promoting effective communication and how to respond to an individual's reactions when communicating

Mira's mother lives on her own and has always had a good relationship with her daughter; they usually spend hours talking on the phone and Mira visits every weekend. A few weeks ago, Mira started noticing that her mother didn't always pick up the phone when she rang in the evenings and when she did she appeared distracted and not really interested in what she was saying. In fact, on more than one occasion Mira's mother told Mira she wasn't in the mood to waste her time speaking on the phone and put the phone down mid-way through their conversation.

Mira is really upset by her mother's behaviour towards her and is thinking about not telephoning her as much or visiting her every weekend.

Discuss:

- 1 What factors could be causing Mira's mother to respond in this way?
- 2 Discuss how Mira should respond to her mother's reactions during their communications and the reasons why.

Evidence opportunity

2.3, 2.4 Responding to an individual's reactions, and communication methods and styles

Demonstrate to your assessor how you respond to an individual's reactions when communicating. For example, an individual may be anxious or upset over something that has happened to them ([AC 2.4](#)).

Make sure you demonstrate a range of communication methods and styles to meet the individual's needs ([AC 2.3](#)).

LO3 Be able to overcome barriers to communication

Getting started

Think about an occasion when you were unable to make yourself understood. For example, perhaps this was because the person did not understand your accent, because the person misunderstood what you were trying to communicate or because you were feeling unwell and finding it difficult to express yourself. How did this feel? How do you think this made the person you were communicating with feel? What could have been done to overcome this?

AC 3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways

Your work practices will be observed for this assessment criterion; you will have to demonstrate how to overcome barriers to communication that may arise. Our family background and the culture we live in affect how we use and/or interpret verbal and non-verbal communication methods. For example, if you have been brought up in a family where you were encouraged to talk and interact with others then you will have developed the confidence and skills to use verbal communication and may prefer this as a method when communicating with others. If, by contrast you have been brought up in a family where communications and interactions with others were not encouraged then you may not have the confidence to initiate communications with others and may prefer instead to let others initiate conversations. It is important to be aware of people's different backgrounds as these may affect how individuals communicate with you and how effective your communications are with them.



Reflect on it

3.1 Consequences of not using restrictive practice

Reflect on how your background impacts on the way you use and interpret communication methods. Think about what communication methods you tend to use and the reasons why you prefer them. Are there any communication methods you prefer not to use? Why? Now think about the communication methods others who know you well such as your family and friends tend to use. How do these compare to the methods you use?

Different cultures also have different beliefs and behaviours associated with how they use and interpret verbal and non-verbal communication methods. [Table 5.7](#) includes some examples of how these can be used and interpreted in different ways. [Table 5.8](#) includes some examples of how non-verbal methods are used and their meanings in different cultures. As you will be working with people from various backgrounds, cultures, and religions, it is important that you are aware of these examples and conduct further research into what is acceptable and unacceptable for different cultures.

Individuals with disabilities

You should also remember that individuals with disabilities may also use and interpret communication methods in different ways. For example, individuals with hearing and loss may use touch to communicate or finger spelling as a means of communication.

As you will have learned in LO2, it is important to establish the communication and language needs, wishes and preferences of the people you are going to communicate with so that you can ensure that the message you intend to communicate to others is received in the way you intended it to be and is understood fully. If it is not, then you may unintentionally offend individuals and others; this may in turn lead to them not wishing to interact and communicate with you. Misunderstandings can also be avoided by ensuring that the verbal and non-verbal communication methods you use with individuals and others meet their needs.

Table 5.7 Verbal methods and examples of their uses and meanings in different cultures

Verbal methods	Examples of use and meaning in different cultures
Vocabulary	Individuals in some cultures may prefer to address others using their surnames and to be addressed themselves in this way. In other cultures, this may be interpreted as too formal and inappropriate when addressing an individual who is well-known to you. More formal respectful terms may be used to address elders in some cultures.
Linguistic tone	Speaking loudly when communicating with others may be considered welcoming and clear in some cultures. In other cultures, however, it may be interpreted as being rude or patronising, for example treating an individual as if they have hearing loss when their hearing is fine.
Pitch	Speaking in a high pitch when communicating with an individual can convey your excitement and genuine interest in what they have to say in some cultures. In other cultures, this may be interpreted as patronising, for example treating the individual as you would a child rather than an adult by speaking to them in what is interpreted as a childish, inappropriate way.

Table 5.8 Non-verbal communication methods and their uses and meaning in different cultures

Non-verbal communication methods	Use and meaning in different cultures
Eye contact	Eye contact with an older individual may be deemed appropriate and seen as a way of showing a genuine interest in the individual in some cultures. In other cultures, it may be interpreted as rude or disrespectful particularly if the individual is older than you.
Touch	Gently placing your hand on an individual's head when they are unwell may be interpreted as a sign of empathy in some cultures. In other cultures, it would be rude and inappropriate as the 'head' is interpreted in some cultures as a part of the body that is sacred. In some cultures, physical contact such as handshakes or hugs between those of opposite genders may be unacceptable or inappropriate, even in a professional capacity.
Physical gestures	Using big physical gestures such as waving your hands when speaking may be interpreted as being warm and friendly in some cultures. In other cultures, big physical gestures may be seen as overwhelming and intimidating.
Body language	Using body language such as a nod of the head may indicate that you are listening to the individual and showing your agreement in some cultures. In other cultures, nodding your head during communications, may actually mean the opposite, i.e. that you are showing your disagreement.
Behaviour	Your behaviour, such as standing during communications with others, may be interpreted as respectful in some cultures. In other cultures, standing rather than sitting down with the person you are communicating with may be interpreted as rude and inappropriate.

How to check how people from different backgrounds may use and/or interpret communication methods in different ways

For communication and interactions to be effective between you and the individual you provide care and support to, it is important that you find out about their background and how they use or interpret communication methods. You could:

- Speak to the individual and find out if there are any particular methods they prefer or avoid.
- Speak to the individual's family, carer or advocate.
- Consult their care plan or notes to find out if there is information about their

preferences for communication methods. You could consult the care plans of those from similar backgrounds but with the understanding that people of similar backgrounds are not the same and have their own unique needs and wishes.

- Consult colleagues who have worked with the individual, and other professionals such as the National Autistic Society who may have a greater understanding of issues around autism for example, including cultural sensitivities.



Research it

3.1 Different cultures and communication methods

Research the different ways that people from two different countries or social groups may use and/or interpret communication methods. Discuss your findings with a colleague and explain the differences that exist. Remember rules around confidentiality.

Evidence opportunity

3.1 How different backgrounds use and interpret communication methods in different ways

Develop two case studies of two individuals from different backgrounds. For each individual explain how their background influences how they use and interpret verbal and non-verbal communication methods. Make sure you provide a written account.

- Do some research into different cultures or backgrounds, including disabilities, to find out about their communication preferences and methods.

AC 3.2 Identify barriers to effective communication

As adult care workers, we should strive for our communications to be effective in order to build strong relationships with those we provide care for, and those we work with. However, for different reasons, sometimes our communications are not effective. Barriers are anything that prevent or stop you or others from communicating and understanding the communication. Barriers can occur not only when communicating with the individuals that you provide care or support to, but also when communicating with others such as their families, your colleagues and other professionals.

It is important that you are aware of the barriers that may prevent effective communications from taking place because doing so means that you can avoid presenting barriers through the ways you use to communicate with others. Being aware of the barriers that exist is also essential for knowing how to overcome them. Below are some examples of different barriers to communication. Can you think of any others?

Barriers present in individuals

Barriers to communication can be present in the individuals you communicate with. Remember though that each individual is unique and therefore the barriers they experience will also be unique.

Speech and hearing impairments

Impairments in relation to speech and hearing may mean that some individuals may have difficulties making themselves understood when communicating with others. An individual who has a stutter, for example, may find it difficult to express the words they want to say and may repeat vocal sounds. This may make the individual reluctant to communicate with others, particularly with those they don't know very well as they may feel inadequate or embarrassed about their stutter.

An individual with a hearing loss may find it difficult to participate in conversations with a group of people. Their impairment may mean that the individual finds it difficult to hear what each person is saying particularly if more than one person is speaking at the same time or not facing them when they are speaking.

Conditions such as cerebral palsy, autism, dementia, and physical disability

Conditions such as **cerebral palsy**, autism and dementia can affect individuals' speech and understanding of both verbal and non-verbal communications. An individual with cerebral palsy may have difficulties using the correct words when speaking, may not be able to speak at all or may have difficulty using gestures when communicating as they may not be able to control their body's movements when communicating with others. This experience can be a frustrating one if not overcome.

An individual with autism may find it difficult to understand and interpret non-verbal communication such as hand gestures and body language when used by others. An individual with autism may also avoid eye contact when communicating with others and find communicating in different social situations difficult. This can mean that the individual is unable to express themselves when communicating with others and can lead to their needs being unmet.

An individual in the early stages of dementia may have difficulty finding the right words when communicating and lose their train of thought during communications. An individual in the middle stages of dementia may have greater difficulty in using verbal communication and may rely more on non-verbal communication to understand what is being said.



Key terms

Cerebral palsy is a neurological condition caused by damage to the brain that affects the body's movements and muscle co-ordination. Symptoms can include jerky uncontrolled movements, stiff and floppy arms or legs.

Abilities and skills, learning disabilities, self-esteem and past experiences

Other factors that may act as barriers to communication include individuals' abilities and skills, self-esteem and past experiences. For example, an individual may not be able to communicate effectively or have good social skills required to interact with others due to their background, or an impairment or condition such as a learning disability. An individual's language skills may also present as a barrier as they may prefer to speak using another language that is familiar to them.

An individual's self-esteem can also affect communications. If, for example the individual has low self-esteem they may not feel able or confident to interact and communicate with others and may prefer instead to withdraw from

communications. An individual's past experiences can also have an impact on how they communicate with others. For example, if an individual has had bad past experiences when communicating, such as others talking over them, not listening to what they have to say or getting impatient, then the individual may be less likely to want to communicate with others as they may believe that all communications are negative. Understanding what barriers an individual may be facing is crucial for being able to recognise them and putting plans in place to overcome them.

Distress

At times, individuals, their families, or colleagues may be so stressed or distressed that it is difficult to communicate with them or understand what they are telling you. At times like this, it is important to allow them time to calm down and communicate what they are experiencing.

Frustration and agitation

This can make it very difficult to communicate with individuals because you will both not feel relaxed or comfortable. This makes it difficult to think, say and express how you feel.

Difficulties when communicating with others who individuals do not know

This can mean that it is difficult for individuals to convey thoughts, feelings and more private or confidential information.

Barriers present in Lead Adult Care Workers and Lead Personal Assistants

Barriers to communication are also present in those who provide care and support to individuals and their families. It is important you are aware of what these are so that you can avoid them in your working practices.

Time

Allowing sufficient time for communications with individuals and their families is essential as not doing so can result in them being rushed and those you are communicating with feeling devalued and not listened to. This can also result in misunderstandings as you, individuals and others are not able to express what you want to say. Of course, you will find that there are many pressures placed on you and your time, but it is important to give time to individuals to express themselves and understand what it is that they would like to communicate in

order to better understand their needs and provide the best care possible.

Lack of training and knowledge

Communicating effectively is a skill. A lack of training and knowledge can mean that you have not developed the required skills, qualities and understanding to be able to communicate effectively in line with good practice. For example, you may not know how to communicate effectively with an individual who has a hearing loss or with an individual with a learning disability, including the various aids that are available.

Stress, illness or tiredness

Being fit to work is important because working when you're feeling unwell, stressed or tired can result in you being less patient than you would usually be. It can also affect your concentration and listening skills because you are not feeling relaxed or comfortable. This can impact negatively not only on your communications with others but also on your working relationships, making you less approachable and more likely to misunderstand what is being communicated.

Language and cultural differences

The language you use may vary because of your background, accent or the native language you and others speak. This can mean that misunderstandings can arise, and communications may be ineffective. An individual may not be able to understand you if you speak too quickly or use words that they do not know; for example, vocabulary may be too complex or abbreviated, such as PRN ('pro re nata' in Latin) for medication that is given as and when required. Dialect and different styles of speech can also present barriers to understanding. It could be that the meaning of non-verbal communication methods such as eye contact differs in your culture and theirs – remember, eye contact can be seen as showing a genuine interest in some cultures, but as rude in others. You could revisit [AC 3.1](#) to recap on cultural differences or look at [Unit 306](#) Promote equality and inclusion in care settings.

You will also have to consider revising the way you interact with individuals from different cultures and faiths. For example, a hand shake may be seen as respectful in one culture but not appropriate in another because of the contact made.

Differences in culture or beliefs may also mean that you have certain prejudices and stereotypes, perhaps some that you are not even aware of.

Poor understanding of communication and language needs and preferences

A poor understanding of an individual's communication and language needs and preferences will mean that you cannot tailor the methods you use to communicate to the individual's needs. As a Lead Adult Care Worker, it is your responsibility to find out as much as you can about the individual's communication and language needs and preferences so that you can tailor your methods to suit them.

Barriers present in the environment

Noise and poor light

There are also many environmental barriers that can arise in different care settings and situations when you are communicating with individuals and others. For example, if a room is too noisy others may not be able to hear what you are saying. If a room is too dark, then you and others may not be able to see each other's facial expressions and body language. This may affect the quality of the communications.



Reflect on it

3.2 Barriers to communication

What barriers do you think you may present when communicating with individuals and others in your work setting? Now ask someone who knows you well, this may be a colleague you work with, what barriers they think you present when communicating with them, individuals and others. Did anything surprise you? Why? Write a short reflective account.

Lack of privacy and distractions

A lack of privacy when communicating can lead to individuals and others not sharing with you everything they want to say. This may be because there are too many distractions or people walking past, resulting in them feeling anxious that others may be able to overhear. This is particularly true if what they want to say involves a sensitive topic such as their personal care needs or a safeguarding concern. They may also interpret this as you not being a good professional, one that they can trust and confide in.

Room temperature and unwelcoming factors

Other factors that may lead to an uncomfortable environment may include rooms being too hot or too cold, untidy or unwelcoming. Rooms that are too hot or too cold will make individuals and others feel uncomfortable and unable to relax and therefore communicate effectively with you. They may get distracted by trying to open windows to cool the room down, or turn the heating up to make the room feel warmer.

Environments that are untidy and unwelcoming can act as barriers to effective communications. Think about how you might feel if you if you went to meet a Lead Adult Care Worker in the care setting where your relative was living, and the meeting was in an untidy room with a stained carpet and dirty chairs. What would you think about the professional? The care setting? Similarly, it is important that all environments where communications take place are warm and welcoming – have you ever entered a room or building that felt unwelcoming, perhaps it made the hairs on the back of your neck stand on end?

Cluttered rooms with tall furniture can also prevent reading of facial expressions and make eye contact difficult. It may also mean that people in wheelchairs, for example, may struggle to communicate if they cannot see over tall tables.



Research it

3.2 Barriers

Carry out your own research to find out about the potential barriers to communication that may exist in the care setting where you work. For example, think about the individuals where you work and the different barriers that they may present as well as the barriers that you and your colleagues may present. Remember to also think about the physical and social environment where you work and the potential barriers that could exist to communication. Produce a written account with your findings.

Evidence opportunity

3.2 Barriers to effective communication

For one individual with care and support needs that you know, make a list of the potential barriers to effective communication. Don't make

assumptions about what these maybe, find out instead! Provide a written account but make sure that you maintain confidentiality and do not reveal any personal details about the individual.

AC 3.3 Demonstrate ways to overcome barriers to communication

For this assessment criterion, your work practices will be observed; you will need to demonstrate that you know how to use different ways to overcome barriers to communication so that effective communication can happen. As all individuals and their experiences of barriers to communication are different, it is important that you know how to use different methods to overcome these, particularly if the first method you try isn't effective.

[Tables 5.9](#), [5.10](#) and [5.11](#) provide you with some suggestions of how to overcome barriers present in individuals, lead adult care workers/lead personal assistants and the environment. As you will see, each of the examples below requires you to be able to demonstrate a set of skills, knowledge and qualities for them to be effective.



Key terms

Visual impairment an individual whose vision is impaired either severely (i.e. the individual is blind) or partially (i.e. the individual is able/unable to see to some degree).

Table 5.9 Barriers that may be present in individuals and ways to overcome them

Barriers present in individuals	Ways of overcoming barriers present in individuals
Impairments, illness, abilities and skills	For all of the different barriers that are discussed here, it is important to find out from the individual or someone who knows them well, such as a family member or advocate, what their specific communication needs are – do not make any assumptions about what communication methods they prefer to use and how. Professionals such as speech and language therapists can also be useful sources of guidance and information. You will learn more about support services in AC 3.6.
Impairments (such as a hearing or visual impairment)	If an individual with a hearing impairment cannot hear what you are saying do not be afraid to repeat what you have said. Speak clearly but not too slowly, otherwise an individual may interpret this as patronising. For individuals with sight loss, effective verbal communication will be key, using the tone of your voice to convey meaning, also non-verbal communication such as touch if/when appropriate and if the individual is comfortable with this.

Barriers present in individuals	Ways of overcoming barriers present in individuals
Conditions such as dementia	If an individual with dementia is not responding to what you have asked them, rephrase the question. Ensure you speak in short sentences so that they can understand and remember the question you are asking them. Remember not to become impatient or look frustrated at having to rephrase and repeat information because doing so may mean that the individual withdraws from the communication.
Communicating with someone who has a learning disability and uses Makaton or sign language	If you do not understand what an individual with a learning disability is communicating in Makaton, then ask the individual to repeat the sign. If you still don't know, then ask a colleague who is familiar with Makaton. You may also decide that you need further training about how to use Makaton. You may also need to use specialist services such as translators, interpreters and signers who can support individuals.
Communicating with someone who is not an effective communicator and has had negative past experiences of communication	If you are supporting an individual who isn't an effective communicator and has had negative past experiences of communications, be patient and see if you can find out how they communicate. You may be able to do this by observing them with others and taking note of the methods used to communicate.
Low self-esteem	If an individual with low self-esteem withdraws from their communication with you do not take this personally. Try and put yourself in their 'shoes' and be empathetic. Be patient, stay positive and gently encourage them to communicate with you by perhaps using less verbal communication and more non-verbal communication. A smile and an open posture can go a long way!
Distress/stress	There may be times when individuals are going through stressful times or are distressed due to family issues or bereavement, for example, which may affect your communication with them. In such cases it is important to be supportive and offer practical as well as emotional support – you could, for example, ask if they would like to speak to a counsellor or if there is anything you could help with in terms of any arrangements. Ensure that the individual knows that you are there if they would like to talk, or that they can speak to a family member or another person in the setting. At the same time make sure you do not pressure them into opening up about what is bothering them. It is important that individuals do not feel alone and that no one cares for them, especially at times of distress, which is why it is important that you offer compassionate care and support. However, it may be that they do not want care and support, and so it is important that you ensure their wishes are at the centre of the care you provide. It may be tempting to try and support the individual at times like this as you may feel you are fulfilling your duty of care. However, it is important not to force support on them when they do not want it. We all want our own space at times and it is important to remember that individuals you care for may feel the same. Giving unwanted help may make the individual feel that you are not respecting their wishes and taking their decision-making powers away from them, that you are trying to obtain information that they do not want to share, which is not part of providing compassionate person-centred care. If an individual is particularly distressed, you will need to decide on the best course of action, and it may be that you need to seek the help and advice of colleagues or professionals. It may be that the individual is showing signs of anger or is becoming violent towards others in which case you should seek help immediately to protect the safety of others (this may be help from colleagues, another professional or the emergency services). It could be that they are self-harming, and there is more information on this in Unit 201 Safeguarding and protection. However, you should remember to seek help immediately but also inform the individual that you are seeking help so that you can protect them from harming themselves.

Barriers present in individuals	Ways of overcoming barriers present in individuals
Differences in language	Speaking a different language to those around you or not being able to understand what others are saying can be a lonely and distressing experience for the individual. As a compassionate adult care worker, it is your responsibility to ensure that you find out about the individual's language preferences, and whether you require a translator or interpreter; your manager will be able to advise on this. It may be that you speak the same language as the individual, in which case you are able to communicate with them. Or it could be that you can speak a little of the language but still require an interpreter who has a better grasp of the language than you, or it may be that a friend or a relative of the individual has been asked to translate. Remember that speaking a different language to those around you or not being able to understand what others are saying can be a lonely experience for the individual and so it is important to be empathetic and make the individual feel supported. It may be that the individual does not want to discuss private matters in front of family members, so you should be take this into account before suggesting that a family member translate or interpret for the individual. See more on this in Table 5.10. As mentioned, you may also use specialist services such as translators or interpreters; translators can help with translating written communication from one language to another and interpreters with spoken language.

Table 5.10 Barriers that may be present in Lead Adult Care Workers/Lead Personal Assistants and ways to overcome them

Barriers present in Lead Adult Care Workers/Lead Personal Assistants	Ways of overcoming barriers present in Lead Adult Care Workers/Lead Personal Assistants
Insufficient time	Planning communications with individuals and their families at times when you are not busy will ensure that communications are effective and all those involved feel valued. You should allow sufficient time to meet with the individual to find out the individual's specific communication and language needs. If it is quite simply impossible to schedule in enough time, you may like to look at your diary and schedule a meeting for a time when you will be able to devote enough time to the individual.
Lack of training and knowledge	Ensuring that you attend the training planned for you by your employer will ensure you keep up to date with best practice and new working approaches and techniques used when communicating with individuals. Similarly, if there are any areas you are unsure about or want to learn more about it is important to be honest and raise this with your employer so that you can be an effective communicator.
Illness, stress, tiredness	If you are not fit to work because you are physically unwell or emotionally stressed, it is best to not go into work. In this way you will avoid getting frustrated or becoming impatient when you are communicating with others. Similarly, if you are tired this can impact negatively on your communications. Recognise when you are tired and ensure you have the rest that you need; eating healthily will also keep you of sound body and mind. If you are at work and sense that you're getting stressed or tired then take 'time out', compose yourself and return when you feel able to. You can also access further support from your employer in terms of support groups, counselling services or leave from work.

Barriers present in Lead Adult Care Workers/Lead Personal Assistants	Ways of overcoming barriers present in Lead Adult Care Workers/Lead Personal Assistants
Illness, stress, tiredness <i>continued</i>	It can also be distressing when individuals are upset or when they are relating distressing stories to you, after all you will be responsible for people from various backgrounds who may have experienced trauma, and this may pose a barrier to effective communication. In situations such as this it is important to speak to your manager or colleague and discuss the support that is available to you and think about your own emotions. It may be that a colleague has to take over the care of the individual. It may also help to speak to a friend or family as well as colleagues about what has upset you, although you must remember rules around confidentiality and not relay any personal details about the individuals or their circumstances. Your manager may also refer you to external sources of support. Remember that it is important that you take care of your own health and feelings as well as those you provide support to.
Language and cultural differences	Be aware of your own and others' language and culture differences. Do not let your own differences affect those of individuals and others. Be open to different languages and cultures and find out as much as you can about what the different meanings that verbal and non-verbal communication methods have; you could even try and learn some words from the individual's language which may help you to form a connection. It may be that you use more non-verbal communication in place of verbal-communication. Being warm and friendly can help to create positive relationships and rapport. You may need to use sign language and/or picture or flash cards. You may also need to access further support and guidance from interpreters and translators; you will learn more about these services in AC 3.6.

Table 5.11 Barriers that may be present in the environment/setting and ways to overcome them

Barriers present in the environment	Ways of overcoming barriers present in the environment
Noise	If the environment you are communicating in is too noisy then, if possible try and find a quieter place to speak. If this is not possible, try and reduce the noise levels by finding out first where the noise is coming from, for example is it from the telephone that doesn't stop ringing, from others talking loudly or from a noisy vehicle outside the room? Perhaps you can put the telephone on silent or divert the calls to another room, ask others politely whether they can speak more quietly, close the window or move to the other side of the room away from where the noisy vehicle is parked. If you cannot avoid the noisy environment, you will need to make sure that you still communicate clearly, by perhaps speaking in a slightly louder tone, and use gestures and signing if needed, so that the individual can understand you. You may even need to use written communication.
Lack of lighting/poor lighting	A poorly lit or dark environment can be overcome by finding out the cause of the problem. Perhaps the light bulb needs changing, or you need a brighter light. A blind may need pulling up or a curtain may need to be drawn to let the natural light in. You can also think about where you position yourself in the room – are you in a well-lit area where you are clearly visible and you can see others? This is particularly important when communicating with individuals who use sign language and non-verbal communication methods such as eye contact, facial gestures and body language. If you cannot avoid being in a room where the light is poor, you will need to make sure that the individual is able to understand you. You will need to speak clearly so that they can hear you and also listen to what they communicate.

Barriers present in the environment	Ways of overcoming barriers present in the environment
Lack of lighting/poor lighting <i>continued</i>	If they cannot see your facial expressions, then it may be that you could change the tone of your voice to express what you are feeling. Likewise, if you cannot see the individual very well, then you should pay attention to the tone of their voice to understand how they may be feeling. You may need to tape the conversation.
Lack of privacy	A lack of privacy can be overcome by ensuring that windows and doors are closed when communicating so that others cannot overhear. Stopping what you are saying if someone enters the room is another method of maintaining an individual's privacy. If it is not possible to book a private room, you could perhaps delay the meeting slightly and schedule it for another time where the individual may feel comfortable. Also, if the environment is not suited to people with wheelchairs, it may be that you may need to adjust the environment accordingly, for example by including ramps that will allow individuals to access the building, or counters/tables that wheelchair users can use comfortably.
Temperature – too hot/too cold	Prepare the environment where you are going to communicate by ensuring that it is comfortable and neither too hot or too cold, for example by switching on the heating, air conditioning or opening/closing windows. If your communication takes place outside or in a public building, then observe how the person you are communicating with is feeling and if they show any signs of being too hot or too cold, then suggest you continue the communication in another area where they feel more comfortable.
Untidiness, unwelcoming	Preparing the environment where you are going to communicate involves making it tidy and welcoming. Ensure it is free from clutter, has been cleaned, any spillages have been wiped up and there are no unpleasant odours. If you come across an untidy environment then suggest you continue the conversation in another area that is more welcoming and where they will feel more comfortable.



6Cs

Compassion

It is important to empathise and understand how those with an impairment may feel when communicating. It may be that they experience feelings of anger and frustration if they are unable to effectively communicate and

understand what you are communicating; this may be exacerbated if they cannot hear what you are saying. There may be a significant impact on their well-being and quality of life if they are unable to convey their feelings and needs. You should remember that hearing loss does not necessarily mean complete hearing loss but can mean partial loss of hearing, which can also affect individuals' quality of life. Thinking about how you would feel in their situation or when you are not understood or misunderstood will enable you to empathise and be a compassionate adult care worker. Would you feel excluded or left out if you were unable to hear what others were saying?

It is important to understand the various ways in which those who have impairments may be feeling. Make it known that you understand the issues around this and find out how they would like to be supported with their communication needs; you can then enable them to achieve their goals in their own ways. Although it is important to do your research and find out about the ways you can support those with impairments with their communications, remember that not everyone with deafblindness, visual impairments or a learning disability will want to be supported in the same way. It is, therefore, important that you find out how each individual would like to be supported.

It is also important to remain compassionate and calm when there are frustrations around communications. For example, in some cases you may need to repeat information or words so that the individual can understand you, and you will need to remain patient while doing so. Likewise, when working with an individual who has dementia, there may be times when they make statements that do not make sense or are not logical or rational; it is important to find constructive ways to support them and not undermine them. For example, you could observe what their body language is trying to tell you and then check with them the meaning. For example, an individual who is feeling hungry may look at the fridge, place their hand over their stomach or go to the kitchen. You could then confirm this by showing them an object related to food such as a fork or ask them 'Are you hungry?'



Research it

3.3 Understanding how to overcome barriers – communicating with individuals who have a hearing

impairment/hearing loss

Research what the Care Act 2014 says about the meaning of safeguarding adults who have care or support needs. Produce a poster with your findings.

You will find it useful to access Skill for Care's resource about the Care Act and its role in safeguarding adults:

www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/care-act-implications-for-safeguarding-adults-briefing.pdf

Communicating with individuals who are deafblind

You will find the Action on Hearing Loss website a useful source of information:

www.actiononhearingloss.org.uk/live-well/communicate-well/communication-tips/tips-for-communicating-with-deafblind-people

Communicating with someone with sight loss

You will find the RNIB website a useful source of information:

www.rnib.org.uk/nb-online/top-tips-communication

Macular degeneration

You will find the NICE website a useful source of information:

www.nice.org.uk/guidance/ng82/resources/agerelated-macular-degeneration-pdf-1837691334853

Communicating with someone with dementia and sight loss

You will find the RNIB website a useful source of information:

www.rnib.org.uk/nb-online/top-tips-dementia

Communicating with someone with a visual impairment

How does it affect an individual's communication if they are unable to see and interpret someone else's verbal and non-verbal communication and are unable to respond accordingly? How does this affect your relationship with the individual? Could this lead to misunderstandings? How have you tried to overcome this barrier? Did you, for example, use more verbal communication? How did you assist them with activities, for example? Did you use Braille to assist them, or suggest an eye sight test? Were there other methods you use? Did you assist them in describing their surroundings? Did you use touch? (You will also find it useful to refer back to [ACs 2.3](#) and [3.1](#) and the sections on touch.)

Communicating with people with a learning disability

You will find the Mencap website a useful source of information:

www.mencap.org.uk/learning-disability-explained/communicating-people-learning-disability

The degrees to which someone's communication will be affected as a result of a learning disability will vary from communication not being affected at all to severe communication difficulties. Communication needs will also vary depending on what the learning disability is. The communication difficulties they face may also vary in that it may not just be their communication that is affected but other factors that affect their ability to communicate, for example their attention span. You will therefore need to ensure that you work in an empathetic and compassionate way to use your communication skills to enable you to support the individual, to enhance communication, and to not let frustration overcome you if communication difficulties are a hinderance.

Even though a learning disability can mean reduced intellectual ability and difficulty with everyday activities, you will still need to find out what the individual's communication needs are and not assume that individuals will struggle with communication. You can do this by asking the individual, their family, consulting colleagues who may have worked with the individual or looking at their care plan.

Communication with someone with a stroke (aphasia and dysphasia)

You will find the Stroke.org.uk website a useful source of information. The following page includes useful links:

www.stroke.org.uk/resources/helping-someone-communication-problems

You will need to think about to enable more effective communications with someone who is suffering from aphasia or dysphasia. Could you, for example, use gestures and flashcards, or straightforward language that requires simple responses to make it easier for the individual? Also see [AC 2.2](#) for more information on stroke, aphasia and dysphasia.

Communicating with someone with dementia

You will find the NHS and Alzheimer's Society website useful sources of information:

www.nhs.uk/conditions/dementia/communication-and-dementia

www.alzheimers.org.uk/download/downloads/id/1789/factsheet_communicating.

The degree to which someone with dementia has their communication and memory affected will vary. This might be memory loss, which is short or long term, inability to remember things or details, to complete loss of speech. Confusion, seemingly irrational speech and using incorrect or inappropriate words may also be symptoms. Part of being a compassionate care worker is supporting individuals to understand or correcting them in an empathetic manner, one that does not undermine or question them. Also see the 6Cs box on page [229](#).

Cerebral palsy and motor neurone disease

Do some research into how to address communication issues with those who have cerebral palsy or motor neurone disease and how you can do this effectively. How does their condition affect their verbal and non-verbal communication skills and how can you communicate with them? If non-verbal communication is affected by such illnesses, how can this affect the messages that you receive through their body language or non-verbal communication?

Make notes about what you have researched. It is important that you develop your knowledge and skills in communicating with people with different impairments and disabilities as you will encounter and be required to support individuals with these as an adult care worker.



Research it

SOLER is a theory that was developed by Gerard Egan and can be used to describe key techniques that are essential for active listening:

- **Sit squarely:** think about how to position yourself in relation to the individual you are communicating with to show you have a genuine interest.
- **Open posture:** think about how to maintain an open posture, for example do not cross your arms.
- **Lean:** think about how you can lean towards the individual you are communicating with to show you are interested, but not too much or you will invade their personal space.
- **Eye contact:** think about how and when to maintain eye contact to show you are listening, i.e. not too little as this may show you are uninterested; not too much as this may make the individual feel uncomfortable.

- **Relax:** think about the effects that being relaxed can have on the other person, for example it can show that you have time for them.

Research Gerard Egan's communication model and theory, SOLER, in relation to how a person's posture and body language can have an impact on effective communication.

Demonstrate how you can use SOLER when communicating with an individual and their family.

Evidence opportunity

3.3, 3.5 Ways to overcome barriers to effective communication and using communication skills to manage complex, sensitive, abusive or challenging situations and behaviours

Read through the short case scenario below and then demonstrate to your assessor different ways of overcoming the barriers to communication being experienced by Ted:

Ted has mental health needs and experiences high levels of anxiety when in new or different environments. Today is Ted's first day at the day care centre where you work as a Senior Mental Health Worker. You notice that as you walk up to welcome Ted, who is being supported by his sister, he immediately retreats backwards and stares at the floor, his hands are clenched, and he begins to sweat profusely.

Or you could demonstrate or explain to your assessor how you overcame barriers to effective communication, providing a written account of your actions.

AC 3.4 Demonstrate how to use strategies that can be used to clarify misunderstandings

Ways to overcome barriers to communication may not always be as effective as we would like them to be and sometimes this means that misunderstandings in communications still arise. Misunderstandings in communications can also arise because we are all different and interpret communications in different ways. You will find it helpful to review your previous learning around [AC 3.1](#) in relation to the impact of people's different backgrounds on using and interpreting communication methods.

Below are some top tips for how to use different strategies to clarify misunderstandings. Can you think of any others that you have used that have been effective? You may find that you use different strategies at different times. It is important that you know what you can do when misunderstandings arise because if you don't, not only will your communications with individuals be ineffective but this may also affect the quality of your working relationships and the care or support you provide.



Reflect on it

3.4 Reflecting on misunderstandings

Reflect on an occasion when a misunderstanding arose during a communication. Why did the misunderstanding arise? What happened? What action was taken, if any? Why is it important to recognise and clarify misunderstandings during communications? Write a short reflective account.

Top tips for use of different strategies to clarify misunderstandings

- 1 Be alert:** when you recognise that a misunderstanding has occurred, try and find out the reasons why as soon as you can. For example, perhaps it was because the individual could not hear you because there was a lot of background noise; perhaps it was because the meaning of the sign you used was mistaken by the individual to mean something else. Don't forget there will also be clues in the individual's non-verbal behaviour too. For example,

perhaps their facial expression will show that they are confused, or their body language shows that they are frustrated. As you will have learned in [AC 3.3](#), this strategy is referred to as **active listening**.

- 2 Be clear:** when you think you know the reason why a misunderstanding has occurred, do not assume that you are correct, check your understanding with the individual. For example, you may sign to the individual to go somewhere quieter or ask the individual or their representative ‘Did I use the wrong sign?’.
- 3 Be responsive:** show the individual concerned that you have noticed that there has been a misunderstanding, that you are sorry that this has happened and that you want to clarify it. For example, you may sign or say to the individual, ‘I am really sorry that there has been a misunderstanding. Can you show me what I can do to help?’.
- 4 Be resourceful:** if you are still unable to clarify the misunderstanding with the individual then seek advice from your manager or from the individual’s representative – this could be their advocate, family member or friend. They will know the individual well and may be able to share with you the strategies that they have used to clarify misunderstandings, including what works well and what doesn’t. For example, you may need to rephrase what you have said, **paraphrase** or use a **closed** rather than an **open question**. If an individual’s misunderstanding is due to a language difference, then a translator or interpreter may be required; you will learn more about these types of specialist services in [AC 3.6](#).
- 5 Be flexible:** be prepared to adapt your communication with the individual to clarify the misunderstanding. For example, if you are using signing with the individual and this is not working, you could try writing down the message that you are trying to communicate instead. If you are using a sign that an individual does not understand, you could use an object of reference or a photograph instead to convey your message. You will find it useful to review your previous learning in [AC 2.3](#) about the range of communication methods that are available to meet an individual’s needs.



Research it

3.3, 3.4, 3.5 Active listening

Research how active listening can be used to clarify misunderstandings. You may find the resource below from Mind Tools, ‘Active Listening, Hear

What People are Really Saying' including the video clip, a useful source of information for your research:

www.mindtools.com/CommSkill/ActiveListening.htm

Show a colleague how you use active listening in communications with two different individuals.



Key terms

Active listening is a communication technique that involves understanding and interpreting what is being expressed through verbal and non-verbal communication.

To **paraphrase** means to restate what has been said or heard in order to clarify.

Closed questions such as 'Who?' 'Where?' encourage short, less complex responses.

Open questions such as What? Why? How? encourage the expression of opinions and feelings.



Case study

3.4, 2.3, 2.4 Clarifying misunderstandings

Yanis is an experienced Personal Care Assistant and provides day-to-day support to Bokamoso who is a young person with physical disabilities living in her own flat. Yanis and Bokamoso are from different backgrounds in terms of the native languages they speak and the way they were brought up.

This morning Yanis is supporting Bokamoso to search for jobs that may interest her using the internet. There is one job advert that Bokamoso is very interested in and she has asked Yanis to clarify what some of the job's role and responsibilities are in the attached job description as she does not fully understand what these are.

Yanis reads through the job description carefully but is also unsure what the job's role and responsibilities involve as he does not understand the

meaning of some of the terminology used in the document. Yanis is worried about telling Bokamoso this because she has asked him for his support and so decides it's best to tell Bokamoso that she should look at another job advert while he tries to find out from a colleague what the terminology used means.

Bokamoso misinterprets what Yanis says to her and believes that Yanis doesn't think she is suitable for the job. Bokamoso tells Yanis she is not happy with his attitude towards her and looks very upset.

Discuss:

- 1 Why has this misunderstanding arisen?
- 2 How should Yanis respond? Why?

Evidence opportunity

3.3, 3.4, 3.5 Barriers, clarifying misunderstandings and using communication skills to manage complex, sensitive, abusive or challenging situations and behaviours

Think about an occasion when you had to adapt your communication because an individual misunderstood what you had said to them.

Demonstrate to your assessor the different strategies you used to clarify the misunderstanding with the individual. Think about whether there are any other strategies you could have used. Why may these also be effective? Demonstrate these strategies too.

It will be useful to go back to [AC 3.3](#) and [Table 5.9](#) when you think about the ways in which you can overcome misunderstandings. In the context of what you learnt about language and cultural differences, for example, think about how you can prevent misunderstandings and overcome these barriers. Revisit what you have learnt about verbal and non-verbal communication and think about how you can use your knowledge and skills in using these to overcome misunderstandings. Ensure that you use your skills of compassion and care effectively when there are misunderstandings.

AC 3.5 Explain how to use communication skills to manage complex, sensitive, abusive or challenging situations and behaviours

Managing complex, sensitive, abusive or challenging situations and behaviours effectively requires you to be a highly skilled communicator.



Reflect on it

3.5 Difficult situations

Reflect on a difficult situation that you were involved in. For example, this may be a situation where another person behaved in an angry, threatening or offensive manner towards you or someone else. What happened? How did you communicate with the person? Why? Write a short reflective account about this situation. If you have not experienced such a situation, what might you do?

Different types of situations and behaviours can arise in adult care settings for a range of different reasons, and we will discuss these here.

Complex situations and behaviours

The situations that may arise in the care setting where you work may be complex. For example, as a Lead Adult Care Worker you may be required to manage two care workers who cannot agree on how to work together to provide support to one individual because they have different values, or you may be asked to help resolve a complex situation involving an individual and their family who have different opinions as to how much support the individual requires to live independently.

To manage these complex situations, you will need to have the ability to communicate clearly and in such a way that you can ensure that others listen to what you have to say. You will need to be able to express what you want to say in a non-judgemental and non-biased way so that no one feels that you are being unfair. You will also need to be able to communicate your thoughts calmly and remain patient to try and diffuse any tense or awkward moments and to ensure that the communications remain focused on the individual.

Some individuals may also show complex behaviours because they have

complex needs. For example, as a Lead Personal Assistant you may be required to support other personal assistants to provide high quality care to an individual who has a learning disability as well as mental health needs and physical support needs. Complex behaviours can also arise because of individuals' past experiences. For example, if an individual has been denied their rights to make their own choices, then they may find being encouraged to do so very difficult and may as a result develop and show complex behaviours such as becoming distressed and fearful.

To manage individuals' complex behaviours and support others to do so effectively will require you to be knowledgeable about effective strategies and be able to share this knowledge with others so that they respect what you say and follow your instructions for how to work together as a team. You will also need to be able to answer others' questions in relation to the individual's condition or impairment and how this affects their care or support needs. If you are unable to answer others' questions, then you must show that you are organised and professional by seeking advice and guidance from others, such as from speech and language therapists, and showing your commitment when feeding this back to others. You can do this by ensuring your communications are clear, informative and professional.

Sensitive situations and behaviours

Sensitive situations may arise in the care setting where you work as you and others are supporting individuals with their care or support needs and to live their lives as they wish. For example, you may be asked by an individual who you know well whether you would like to go to a barbecue for his thirtieth birthday outside of your working hours. This is a sensitive situation because on the one hand you do not want to disappoint or offend the individual by not going but on the other hand, attending the barbecue may conflict with your duty of care because you will have clear boundaries in place for what you can and cannot do as part of your job role. You are providing a service to the individual, the individual is not your friend.

Other sensitive situations may involve you discussing topics of a personal nature with individuals such as in relation to their personal care needs, their relationships, their emotions and thoughts, or their plans for their future care needs.

Managing sensitive situations requires you to be an empathetic communicator. This means you need to be able to identify with another person's situation and understand their feelings or 'to put yourself in their shoes'. You can

communicate this by using sensitive language that is not patronising. For example, you may approach an individual who is feeling anxious about a new relationship by saying to them, 'I can see you're worried about this relationship. Do you want to talk about it?'

In relation to the example of the barbecue perhaps you could explain that part of being a professional means that you have boundaries that you must uphold and so there are certain situations like the barbecue that you are not able to go to because this would fall outside of your work role duties.

Abusive situations and behaviours

Abusive situations can also arise where you work and may involve not only individuals but others too. For example, you may be asked to manage a situation where two individuals have become physically abusive towards each other over a disagreement or where a visitor to the care setting where you work has become verbally abusive towards you or another care worker when they were refused entry as they were unable to provide any proof of their identity.

Abusive behaviours can also occur when individuals cause harm to themselves such as by cutting their arms, biting their hand, banging their head or refusing to eat or drink. This is known as self-harm.

Managing these abusive situations requires you to use effective verbal and non-verbal communication skills. For example, you can do this by always ensuring respectful language when an individual is abusive and encouraging the individual to talk about how they are feeling. It is important that when speaking, you remain calm and non-confrontational. You can also make use of eye contact but remember that each individual is different, so how this is used will depend on what is effective for the individual. Making eye contact may calm one individual down but may further distress another.

Other non-verbal communication skills involve creating space between you and the abusive person so that the person does not feel threatened and also so that you and others can move to a place of safety where the risk of being injured or harmed will be reduced. You should also revisit your learning from AC 3.3 [Table 5.9](#) and supporting individuals who are distressed.

Challenging situations and behaviours

Challenging situations and behaviours in the care setting where you work may arise because of individuals' conditions and differences between individuals' and others' views. They may also occur due to levels of expertise that different

professionals have. Other examples include:

- Challenging behaviours presented by individuals who have dementia may include inappropriate touching, restlessness and verbal abuse.
- Challenging situations may arise when care workers disagree with the time that has been planned for their allocated duties or with an individual's family over the care or support the individual requires, for example when eating and drinking, getting dressed, mobilising.

Effective communication is key in overcoming challenging situations. You will need to ensure that you remain calm and professional at all times. It is also important that you use positive language and non-confrontational body language such as holding an open posture and not waving your hands about as this may be misunderstood and lead to further distress. Being understanding and providing reassurance is important but remember to ensure that this not done in a patronising manner.

To manage challenging, complex, sensitive and abusive situations and behaviours effectively, recap the communication skills you have learned about in this unit and remember to:

- recognise that every individual is unique
- ensure you treat every individual with compassion, dignity and respect
- understand individuals' behaviours
- use non-confrontational approaches
- spend time with the individual.

(This is not an exhaustive list but some useful points for you to remember.)



Research it

3.5 Your setting's guidance on managing challenging situations and behaviours

Research the guidance in place in the care setting where you work for managing challenging situations and behaviours. If you work as a personal assistant in an individual's home, refer to your employer's guidance which may have been provided to you verbally or in the form of a code of conduct that is expected from you.

You could write down your findings or produce a leaflet.

Evidence opportunity

3.5 Using communication skills to manage complex, sensitive, abusive or challenging situations and behaviours

Explain to your assessor the communication skills you used to manage a complex, sensitive, abusive or challenging situation and how you used these.

What communication skills do you share with one of your colleagues? Which skills are different? Explain why. Provide a written account of your discussion. If you do not discuss this with your assessor, provide a written account addressing these questions here.

AC 3.6 Explain how to access extra support or services to enable individuals to communicate effectively

The care setting where you work will contain a range of sources of extra support or **services** to enable individuals to communicate effectively.

Internal sources of support

Internal sources of extra support can include:

- People who know the individual well, for example the individual's family, friends, advocate
- Experienced colleagues, for example your manager, the individual's key worker
- Records, for example the individual's care or support plan, their communication profile.

These sources of additional support are available to you in the care setting where you work and can be accessed in a variety of different ways. For example, perhaps you are unsure about how to use an individual's communication book. You could ask the individual's family or key worker who knows them well and can tell you how they use the communication book with the individual to communicate. You could also read the individual's care or support plan or communication profile that provides more specific information their communication needs, including guidance on how they communicate and the aids they use. An individual's care or support plan and communication profile will contain personal and **confidential** information – for this reason, you must follow your care setting's procedures for accessing these records.



Key terms

Services, in this unit, refer to organisations that provide translation, interpreting, speech and language and advocacy.

Confidential describes something that is intended to be kept private. This can include an individual's personal information.



Reflect on it

3.6 Accessing support

Reflect on an occasion when you accessed support from someone else in the care setting where you worked. What support did you require? Why? Who did you go to? Why?

External sources of support

Sometimes, you may need to access other communication services from specialist external organisations and professionals to overcome barriers to communication as they can be useful sources of information support and advice. [Table 5.12](#) provides you with details about how these services can enable individuals to communicate effectively and how you can access them.

If your employer is the individual you care for and support, then the individual will provide you with the services and people they prefer to access and make use of to enable them to communicate more effectively. For example, perhaps they prefer to use a family member or a friend to act as a translator or interpreter. The individual may also request your help in accessing a speech and language therapist and/or an advocate; the individual may prefer to use a local service in their area and access other groups available to them such as a support group for people with hearing loss. Some of these services can be accessed directly by the individual, others may require the individual to be referred, for example, by their GP or social worker.

Table 5.12 How services can enable individuals to communicate effectively and how you can access them

Service	How the service enables individuals to communicate effectively	How you can access the service
Translation	Translators are professionals who convert text written in one language to another language so that it can be understood, for example from English to Polish, from Braille into English, from Makaton into English.	To access a professional translation service such as Language Line UK to overcome a language barrier and translate a document, you must first discuss this with your manager or employer as they will have a preferred list of organisations to contact. Your manager or employer will then advise you on the support you need to provide to the individual either by supporting them to access the service directly or by accessing it on their behalf.
Interpreting	Interpreters are professionals who convert spoken language from one language to another so that it can be understood, for example from English to British Sign Language, from Romanian to English, from English to Spanish. Interpreting can take place face-to-face such as in a meeting and/or over the telephone.	To access a professional interpreting service such as UK Interpreting Services to overcome a language barrier and understand what an individual is communicating, you must first discuss this with your manager or employer as they will have a preferred list of organisations to contact. Your manager or employer will then advise you on the support you need to provide to the individual either by supporting them to access the service directly or by accessing it on their behalf.
Speech and language	Speech and language therapists and psychologists carry out assessments and provide care, support and treatment for individuals who have communication difficulties. They work closely with individuals and others such as individuals' families, care workers and GPs to provide an individual plan of support. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists and is another useful source of information.	To access a speech and language therapist or psychologist you can refer an individual directly to these services or a referral can be made by another professional such as the District Nurse or by the individual themselves contacting their GP. You must first discuss this with your manager or employer who will advise you on the referral process to follow.

Service	How the service enables individuals to communicate effectively	How you can access the service
Advocacy	Advocacy workers support and enable people to express their views, wishes and concerns when they are unable to, for example when the individual has a learning disability, a mental health need or low self-esteem. There are many different types of advocacy services depending on the type of support needed, for example some organisations and charities such as Mencap provide advocacy services for individuals with learning disabilities. There is also statutory advocacy that provides professional advocates, for example Independent Mental Health Advocates (IMHAs) who provide support to people being assessed or receiving treatment under the Mental Health Act 1983. There are also Independent Mental Capacity Advocates (IMCAs) who provide support to individuals who lack capacity to make decisions under the Mental Capacity Act 2005, and Care and Support Advocates who provide support to individuals under the Care Act 2014.	Independent advocates are appointed by the local authority and so you must first discuss this with your manager or employer who will be able to provide you with further advice and guidance. Some advocates are provided by organisations and charities, but again, to access these you must first discuss this with your manager or employer who will be able to guide you with the type of advocacy needed and how this can be accessed. You will learn more about the purposes and principles of independent advocacy in AC 3.7 and how to access advocacy services in AC 3.8.
Specialist organisations	The Alzheimer's Society, Mencap and the Stroke Association can provide specialist information and practical advice on how to communicate with individuals who have conditions that affect their communication, for those that have dementia, a learning disability and/or a stroke, for example. They not only provide useful factsheets and leaflets but can also provide access to support groups and helplines for further information. You may also need to seek the support of counselling services. You are of course able to speak to the individual, but you should not act as a counsellor unless you have been trained in this.	All these organisations can be accessed directly over the telephone and email. You should check with your manager or employer first that they agree that you can do so and if so, agree on the type of information that you will need to access to communicate with individuals more effectively.

Sources of support available to you

See [Table 5.10](#) for more information on sources of support that may be available

to you and the importance of also looking after your own health and emotions.



Key terms

An **independent advocate** is a trained independent person who is appointed to represent/speak on behalf of an individual who may be unable to speak for/represent themselves due to a disability or condition such as dementia.

Independent Mental Capacity Advocate (IMCA) refers to a person who provides support and representation for a person who lacks capacity to make specific decisions where the person has no one else to support them.



Research it

3.6 Local services

Research two services in your local area that enable individuals to communicate effectively. For each one write down what they do and what services they provide.

Your local authority's website and/or your manager are two useful sources of information.

Evidence opportunity

3.6 How to access extra support or services to enable individuals to communicate effectively

Develop a case scenario of an individual who has communication difficulties. Explain the additional support and services available to support the individual to communicate effectively. Provide a written account of this case scenario.

AC 3.7 Explain the purposes and principles of independent advocacy

As you will have learned in [AC 3.6](#), independent advocacy services support people to speak up for themselves when they are unable to do so because of a condition or a disability, thus ensuring any barriers to communication are overcome and individuals' views are heard. Independent advocacy services are separate from other organisations that provide services to individuals such as the NHS, housing organisations, providers of care and support such as the care setting where you work. In this way, they can ensure that they truly represent only the views of the individuals they are representing, and have no other vested interest in the service that may make them biased or cause a conflict when providing support and guidance.

Purposes of independent advocacy

The purposes of independent advocacy are:

- to empower individuals or groups to express their views and make them known to others, for example supporting individuals with learning disabilities to express their views in relation to the quality of local health services
- to safeguard individuals who are vulnerable, for example to support an individual in early stages of dementia to be in control of their future care and treatment options
- to speak up for individuals when they are unable to do so, for example they may speak up for an individual who has been detained in hospital for further treatment under the Mental Health Act 1983
- to enable individuals to gain access to information, for example they may enable an individual with a physical disability who is unhappy about the treatment they received from their GP to find out what their rights are and how they can make a complaint.

Principles of independent advocacy

The principles of independent advocacy are:

- the individuals who use independent advocacy are at the centre of the support or service provided; the individual's needs always come first
- the individuals who use independent advocacy are enabled to have more control over their lives; the individual is involved in making decisions, considering the options available to them and the advantages and

disadvantages

- independent advocacy is an impartial service provided separately from other services and organisations and with no conflicts of interest
- independent advocacy aims to be accessible to everyone who needs it, referrals can be made directly by the individual and/or through other professionals and organisations.

[Table 5.13](#) provides you with further information about what independent advocacy involves.

Table 5.13 Independent advocacy

Independent advocacy is ...	Independent advocacy is not ...
Speaking up and representing individuals and/or groups who are unable to do so for themselves.	Speaking up for individuals and/or groups when they are able to do so for themselves.
Actively listening to individuals/groups, getting to know and understand them, their views, wishes and concerns.	Telling individuals/groups what you think they should do, putting others' views and interests before those of individuals/groups.
Enabling individuals/groups to understand what options they have and make their own choices by exploring with them the full range of options, their benefits and drawbacks.	Providing individuals/groups with information and advice about the options that you think are suitable for them and making decisions for them.



Reflect on it

3.7 Advocacy

Reflect on an occasion when you were unable to speak up for yourself. For example, this may have been because you were feeling unwell or did not feel very confident to do so. How did this make you feel? Why?

The different types of independent advocacy

Independent advocacy can be provided in many different situations and for many different reasons. The following are examples of the different types of independent advocacy that can be provided:

One to one advocacy

One to one advocacy is provided on an individual basis for specific issues and

can be both short term and long term. One to one advocacy workers can be both paid and unpaid. For example, an individual may require an advocate from the housing charity Shelter to support them at a meeting to discuss their housing options – the advocate could provide information about the options available and explore these with the individual.

Citizen advocacy is another example of one to one advocacy where people are encouraged to support an individual living in their community who may need their support. Citizen advocates are unpaid and usually provide long-term support. For example, an individual may require an advocate to support them to access their local health centre once a week as part of their wish to improve their health and well-being. The unpaid advocate may be living close to the individual and share an interest in health and fitness.

Peer advocacy is also one to one advocacy where advocates share their experiences with individuals to support them to develop their confidence and self-esteem. For example, a peer advocate may use their experience of being bullied at work to empathise with an individual who has also been bullied.

Group advocacy

Group advocacy is provided on a group basis to individuals who share experiences, views, interests. For example, a group of people with mental health needs may be finding it difficult to share their experiences of accessing services in their local community with their local authority. Group advocacy can enable the group to find alternative ways of raising their concerns and can enable them to feel more effective and influential as a group. The National Survivor User Network for Mental Health (NSUN) is an organisation made up of individuals and groups all over the UK that share their experiences of mental distress to provide a collective voice for those who have a mental health condition.



Research it

3.7 Self-advocacy

Research the benefits of self-advocacy for individuals who have disabilities. You may find Disability Rights UK's website a useful source of information: www.disabilityrightsuk.org/self-advocacy

Produce a factsheet with your findings.

Self-advocacy

Self-advocacy is the basis of all types of independent advocacy and empowers individuals to increase their confidence and self-awareness so that they develop the skills to self-advocate, in other words to speak up for themselves. Self-advocacy can be provided by both paid and unpaid advocates to both individuals and groups, on a short-term and long-term basis. An individual with a learning disability may seek to self-advocate so that they can feel more confident when discussing their wishes and preferences with their family.

Statutory advocacy

Statutory advocacy is provided to individuals who are legally entitled to an advocate. There are three types: Independent Mental Health Advocates (IMHAs), Independent Mental Capacity Advocates (IMCAs) and Care and Support Advocates.

Independent Mental Health Advocates are trained advocates who provide support to individuals accessing or receiving treatment under the Mental Health Act 1983. For example, the IMHA may support the individual to understand their rights under the Mental Health Act 1983 and the treatment.

Evidence opportunity

3.7 Purposes and principles of independent advocacy

Explain to your assessor the purposes and principles of independent advocacy in relation to two individuals with care or support needs from the care setting where you work. Provide a written account of your explanation or discussion.

Independent Mental Capacity Advocates are also trained advocates who provide support to individuals who lack capacity under the Mental Capacity Act 2005. For example, the IMCA may act on an individual's behalf if the individual lacks capacity to make decisions in relation to plans for their long-term care, for example living in a residential care home as opposed to continuing to live at home.

Care and Support Advocates are trained advocates who provide support and representation to individuals under the Care Act 2014 so that they are involved in exploring the options available and the decisions made in relation to their care and support needs. For example, a Care and Support Advocate may support an individual during a review of their care or support plan to understand what care

or support will be provided as well as to express their wishes and feelings about the options available.

AC 3.8 Explain when to involve an advocate and how to access advocacy services

As you have learned, independent advocacy can be provided for many different reasons. But how do you know when to involve an advocate? You don't want to involve an advocate unnecessarily or not involve an advocate when you should. Perhaps there has been a change in an individual's needs that means that they are no longer able to speak up for themselves due, for example, to the onset of a medical condition or being temporarily unwell. Perhaps the individual is finding it difficult to make their views or wishes known and is agreeing with everything you and others are saying. Perhaps you feel that the individual's rights are at risk of being ignored and involving an advocate would safeguard these. Perhaps the individual, an individual's relative and/or a care worker has requested an advocate be involved to provide independent and direct support to the individual, for example when the individual's care or support plan is being reviewed, or during an assessment of the individual's needs to discuss their future care and/or support.



Figure 5.6 Do you know when to involve an advocate?



Reflect on it

3.8 Qualities that an advocate should have

Imagine that you require an advocate to help plan for your future care needs. What kind of qualities do you think are important for an advocate to have?

For example, you may feel that you need to be able to trust and confide in them. How important is it that they are assertive and patient?

Other occasions when it may be necessary or desirable to involve an advocate include finding somewhere to live or moving to a new house, getting a job, making new friends, learning a new skill and/or using health or social care services.

Actions to take: When to involve an advocate and how to access advocacy services

The first action you should take if you think you may need to involve an advocate on behalf of an individual is to make your suggestion to your manager who will be able to advise you. Similarly, if another care worker reports to you that they think an individual requires an advocate then find out from the care worker what their concerns are and the reasons why they think the individual requires an advocate and report these immediately to your manager. It is important to document your suggestion or a care worker's concerns as well as the actions that have been taken by you and your manager so that there is a clear [audit trail](#) of the actions taken.

If you are a Lead Personal Assistant and the individual you work for is also your employer and you think the individual may require an advocate, discuss this with the individual and/or their representative. Again, it is important to document what actions you have taken and the reasons why, for example that you have been asked to access advocacy services on behalf of the individual or the individual has refused.

If you are asked by an individual or their family directly about supporting them to access advocacy services, it is important though that you first check the process that you are required to follow in the care setting where you work; you can do this by accessing the care setting's agreed ways of working for involving advocates and accessing advocacy services as well as discussing this with your manager. There are different ways of accessing advocacy services depending on the type of advocacy the individual requires; below are some examples of how you can access different services:

- **One to one advocacy:** You can approach organisations that offer one to one

advocacy directly. For example, Shelter, the housing and homelessness charity, accepts referrals directly from individuals and/or their representatives over the telephone via their free, confidential and independent helpline, via email and in person at one of their advice centres. You will be asked to provide the name and address of the individual as well as your organisation's name and address as well as other information such as details of the difficulties being experienced by the individual, the actions taken to date, and the local authority where the individual currently lives.

A one to one advocate may also be provided by someone who knows the individual well, perhaps by a friend or a neighbour who shares similar interests with the individual. In these situations, the person may also be approached directly.

- **Group advocacy:** Organisations that offer group advocacy can also be approached directly. For example, the National Autistic Society (NAS), like most organisations, provides different types of advocacy including group advocacy. NAS can be approached directly via their helpline or indirectly through an adviser at the individual's local Citizens Advice Bureau. NAS can put you and/or the individual in contact with groups in their local area that share the same interests or concerns with whom they can meet up with.
- **Self-advocacy:** Advocates who support individuals to speak up for themselves can usually be accessed through the organisations they are employed by. For example, Mencap provides access to a number of 'Speaking Up' groups all over the UK where individuals with learning disabilities are supported to meet with other individuals with learning disabilities in their local area, get involved in their communities and learn how to become more confident in speaking up for themselves and making their voices heard. Individuals can make self-referrals to these groups; third party referrals are also accepted.
- **Statutory advocacy:** Under the Mental Health Act 1983 you are entitled to an Independent Mental Health Advocate (IMHA) if you are what is known as a 'qualifying patient'. This means that you have a right to an IMHA if you satisfy certain conditions, for example if you are detained or liable to be detained under the Mental Health Act 1983 or you are subject to a [community treatment order](#). The individual can request an IMHA at any point after they have become a 'qualifying patient' by asking a member of staff or their [responsible clinician](#) or an [approved mental health professional](#). If an individual lacks the capacity to request an IMHA then the manager of the hospital must request for an IMHA to visit the individual.
- **Independent Mental Capacity Advocates (IMCAs)** represent individuals

who lack the capacity to make decisions. Individuals may access the support of an IMCA when there is no one independent of services available to represent them such as a family member or friend. Each local area in the UK will have an IMCA service provided by different organisations. To access this service an individual must be referred by a specific professional such as their doctor because an IMCA can only support an individual as per the conditions set out in the Mental Capacity Act. For example, an individual may lack capacity to make a decision or there may be no one independent of services, such as a family member or friend, who is appropriate to consult and so they may access the services of an IMCA.



Key terms

Audit trail refers to either the paper-based or electronic records maintained about an activity or situation.

Community treatment order enables you to be discharged from hospital when you have been **sectioned** and treated in hospital as long as you meet certain conditions such as living in a certain place or accessing medical treatment.

Sectioned means that you are detained in hospital under the Mental Health Act 1983.

Responsible clinician refers to the mental health professional in charge of an individual's care and treatment while the individual is sectioned under the Mental Health Act.

Approved mental health professional refers to the mental health professional responsible for co-ordinating an individual's assessment and admission to hospital when the individual is sectioned. These professionals can be nurses, adult social care workers, psychologists, occupational therapists.

- **Care and Support Advocates** who provide support to individuals under the Care Act 2014 can be accessed through the local authority where the individual lives. Care and support advocacy is not provided by the local authority, but they can refer individuals to independent organisations in the local area that provide care and support advocacy. Alternatively, individuals can refer themselves for care and support advocacy or be referred by their representative who may be a family member or advocate, for example.

Examples of organisations who provide care and support advocates include both national and local organisations such as: seAp Advocacy, Empower me service through Mencap, Diabetes UK Advocacy service, Age UK, VoiceAbility.



Research it

3.8 The Care Act 2014 and advocacy services

Research the impact of the Care Act 2014 on the provision of advocacy services and discuss your findings with your assessor. You may find SCIE's guide, '6 ways to better advocacy under the Care Act' a useful source of information.

Evidence opportunity

3.8 When to involve an advocate and how to access advocacy services

Explain to your assessor the reasons for involving an advocate and demonstrate the process to follow for accessing the advocacy service. Provide a written account explaining when you would involve an advocate and how to access advocacy services.

LO4 Be able to apply principles and practices relating to confidentiality

Getting started

Think about a sensitive piece of information that only a few people know about you. For example, this may be in relation to your family background or an experience you had at school or at work. Who would you trust with this personal information? Why? How would you feel if the person you shared this information with told you they would have to share it with someone else you didn't know? Why?

AC 4.1 Explain the meaning of the term confidentiality

Confidentiality is an essential part of providing good quality care and support to individuals who have care and support needs as it aims to protect the personal information of individuals and their families from being shared or made known to others who have no right to access it or use it.

As a Lead Adult Care Worker or a Lead Personal Assistant your job will involve accessing individuals' personal information and therefore it is essential that you uphold individuals' rights to privacy when doing this. This may be in relation to their family background, their date of birth, their medical treatment, their care or support needs. As all these items of information are personal to individuals, it is important that they are kept private and that their details are restricted to only those who have authorisation to access them; this may include you, your colleagues, or other members of the team. As an adult care worker, you will need to ensure that you do not disclose any personal information without the consent of the individual.

Your role will also involve you accessing the personal information of others. For example, as a Lead Adult Care Worker you will be responsible for monitoring and supporting other care workers in the team. This may involve accessing information that is personal to them, for example in relation to their training needs, their sickness records, or their next of kin details. All this information is confidential and must therefore be treated with care so that it remains private. You will learn more about how you can promote confidentiality in day-to-day communication in [AC 4.2](#).

Individuals should be supported to understand how policies around confidentiality affect them, and what their rights are. They should also be supported in contributing to records about them. You would have to take into account the best way to involve individuals – this means finding out about their communication preferences, including those in relation to culture and disabilities, and taking these factors into account.

‘Need to know’

Individuals have the right to have all personal information obtained from them and held about them kept private. Sometimes there may be occasions when it may be necessary to share their personal information with others in confidence. This process of sharing confidential information with others is referred to as

doing so on a ‘**need to know basis**’ only. This means that only relevant information is shared with only those who require it.

Respecting confidentiality and how this can impact positively on working relationships

Protecting the confidentiality of those you care for and work with is key to maintaining strong working relationships as it means that others will consider you as a professional who can be trusted not to share their private details, and that you will not breach their trust. It will also mean that individuals feel that both they and the information they share is protected. This can impact positively not just on the relationships in the work setting but also in terms of the individual’s well-being where they feel valued and respected.



Key terms

Confidentiality means keeping information private. Confidentiality is important in an adult care setting because it respects individuals’ rights to privacy and dignity, instils trust between you and others, promotes individuals’ safety and security and shows compliance with legislation such as the Data Protection Act 1998 (replaced by the GDPR 2018, see [Unit 304](#) Promote effective handling of information in care settings).

General Data Protection Regulation (GDPR) 2018

In your role, you will make and keep records for various reasons; whether it is to document an individual’s care, health and the activities they have taken part in – whatever the reason, this information will be shared and used in various ways.

The GDPR places strong emphasis on confidentiality and a duty for organisations to report certain types of breaches when it comes to personal data. You can find more information on this here: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/personal-data-breaches> and here: <https://www.eugdpr.org/the-regulation.html>

It would also be useful for you to read about the GDPR and discuss how this will affect you as a Lead Adult Care Worker or Personal Assistant. If you work in a care setting, you could also find out how your setting’s agreed ways of working reflect the GDPR with regard to keeping records and information as well as the types of information you are able to retain and the information you must discard.



Reflect on it

4.1 Meaning of confidentiality where you work

Reflect on your job role and the meaning of confidentiality in the care setting where you work. Reflect on the individuals, their families and others you work with. What does confidentiality mean to them? Compare your understanding of this term to their understanding of it – are there any similarities, differences? Write a reflective account addressing the points here.

Evidence opportunity

4.1 Meaning of the term ‘confidentiality’

Discuss with your assessor the meaning of confidentiality in relation to the care setting where you work. Why is this important? You could also provide a written account detailing what confidentiality means.

AC 4.2 Demonstrate ways to maintain and promote confidentiality in day-to-day communication

For this assessment criterion you will be observed demonstrating different ways you use to maintain and promote confidentiality in day-to-day communication. Your working practices in relation to confidentiality must be in line with your employer's agreed ways of working; these include policies and procedures in relation to data protection and confidentiality. Your employer's agreed ways of working are based on the requirements set out by relevant **legislation**.

Maintaining and promoting confidentiality in day-to-day communication

Maintaining and promoting confidentiality in day-to-day communication is not only relevant to written information and paper-based records but also when speaking to individuals and others and when using technological aids in communications. Below are some top tips that you can use for maintaining and promoting confidentiality in day-to-day communication with individuals, their families, your colleagues and other professionals.



Research it

4.2 Confidentiality legislation and policies

It is important that you know and understand the pieces of legislation, policies and codes of practice around handling and processing personal information.

- Research what the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018 say about confidentiality and handling and processing personal information and data.
- You will also find it useful to research the Care Act 2014, Human Rights Act 1998, and Freedom of Information Act 2000 which also include points relating to confidentiality.
- Research what the Care Quality Commission (CQC) says about confidentiality and how you must comply with rules around handling and processing personal information.
- Research what various inspection agencies in adult care settings say about

the rules around handling and processing personal information and data.

You may find the following websites useful sources of information:

- General Data Protection Regulation (GDPR) 2018: www.eugdpr.org/
 - Data Protection Act 1998:
www.legislation.gov.uk/ukpga/1998/29/contents
 - CQC Code of Practice on confidential personal information (there is a link to the pdf here): www.cqc.org.uk/file/4201
- **Sharing personal information (and obtaining consent):** only share personal information when you have the person's permission to do so and only when you have the authorisation from your employer to do so. Ensure that you do not share personal information about a person when you do not need to do so; only share information that is necessary and required for the intended purpose. For example, an optician may only need to know about health conditions relevant to the individual's vision but not their whole life history or health profile. Another example may be when a colleague shares with you the reasons why they have been off sick; do not mention the reasons they have disclosed to you to another colleague if they have not given you permission to do so. Even if you have not discussed permission, you should under no circumstances pass this on, the new GDPR 2018 stresses the importance of not passing on private information. An individual's family may ask you about their relative's care or support needs; do not share this personal information about the individual unless you have been authorised to do so by the individual or your employer. If the individual is unable to consent, then you must have permission from their representative. Working in this way is essential for building trust and promoting professionalism.
 - **Discussing personal information:** all personal information that is related to those who live, work and visit the care setting where you work must be kept confidential. This means that when you discuss personal information about individuals or others in the care setting you must ensure that you do so in a private place. For example, choose a private room when communicating using BSL with an individual about their care plan; doing so will mean that others will not be able to see what you are both communicating. A colleague may approach you to tell you that they wish to raise a concern with you about an individual. Ensure you do this in a quiet and private location in the care setting so that others will not overhear what you are both discussing and to ensure that the concern raised can be kept confidential.

It is also good practice to not discuss personal information outside of the care setting where you work. In fact, this will be part of the rules in your setting. All personal information about individuals, their families and your colleagues with whom you work should be discussed only within the care setting and not outside in a public place such as on a train or in the high street. In this way, the risk of others overhearing what you are saying can be minimised. Working in this way is essential for building good working relationships.

However, it may be that a situation has been upsetting and you feel you need to share this. It is of course okay to discuss your feelings around the issue, and your actions, but you should not divulge information about the person's name, age gender, ethnicity, family circumstances or any personal data that might give away who the individual is, i.e. their identity. You should also not discuss individuals in a negative way. The way you describe and discuss the individuals you care for and the people you work with is important, and through this you can show your professionalism and commitment to protecting the confidentiality and trust of those you work with. For example, when writing about the care and support you have provided to an individual ensure you do this by using a respectful and professional tone. This will not only mean that you are following confidentiality rules and guidelines, but it will also mean that individuals, as well as colleagues and those outside the workplace know that you can be trusted and relied upon.

Also think about what you learned in [AC 4.1](#) about how protecting confidentiality can promote strong relationships, and the well-being and self-esteem of those you care for, and those you work with.

You should also remember not to discuss individuals with other individuals that you care for. Think about how you would feel if people you knew discussed you with others. Again, creating and maintaining trust between yourself and the individual you care for is key to your relationship and the care that you offer them.

If you have to share personal information, remember not to give confidential details over the phone if possible. If you do need to give details over the phone, then check the identity of the person who has called you. You may need to take their number and call them back so that you are able to take some time to check the identity of the person requesting information.

- **Recording personal information:** all written information such as that contained in records, documents, emails and letters must be kept confidential. Ensure that when you are documenting personal information that this takes place in a private area in the care setting where you work, such as in an office that can only be accessed by those who have authorisation to do so. When you are writing information electronically, for example when emailing a professional, ensure that you do so in private and that others cannot access your computer screen when you are doing so if they do not have access to this personal information. Also ensure that you state in the email whether this information can be forwarded on and to whom it can be disclosed. Working in this way is essential for maintaining all documented personal information private. You will also need to ensure that the information that is recorded is done so in an accessible, accurate, legible and clear fashion, so that others who access the document are able to read and understand what has been recorded. The information should also be up to date. You can find more information on this in [Unit 304](#) Promote effective handling of information in care settings.
- **Storing personal information:** you must uphold the confidentiality of all personal information by storing it securely. Ensure that after you have used a record or document containing personal information you return it to its secure location, for example to a locked filing cabinet, or locked drawer and in the case of electronic records, to a secure (password-protected) electronic folder on the computer with a security system in place to prevent hacking (see [Unit 304](#) for information on the NHS hacking scandal). Ensure that you do not leave records or other confidential documents out, even for a few minutes, as others may be able to access personal information that they did not have authorisation to see, such as a colleague's home address or a letter from an individual's GP. Working in this way is essential for storing personal information in line with your employer's agreed ways of working and relevant legislation. The same principles apply if you are a personal assistant working in the individual's home; you will need to ensure that information is safeguarded whether these are hard-copy paper documents, or electronic files. However, the individual may not have a lockable cabinet where files can be stored, so you will need to discuss the best ways to safely store records in the individual's home.



Commitment

Commitment means to be dedicated. In an adult care setting this means commitment to improving the experience of people who need care and support, ensuring it is person-centred. In this section in particular, you will need to show commitment to maintaining the confidentiality of individuals' and others' personal information at all times. This is important for building good, honest and open relationships with individuals and others.

Evidence opportunity

4.2 Demonstrating ways to maintain and promote confidentiality in day-to-day communication

Select three aspects of confidentiality that are relevant to your day-to-day communication in the care setting where you work. For each one, demonstrate to your assessor how you put these into practice in your current job role. Make sure you show how you promote confidentiality in your day-to-day communication.



Figure 5.7 How committed are you to confidentiality?

Obtaining consent from the individual and examples of when you may need to break confidentiality and pass on information without consent

It is important to remember that you cannot pass on information without the

consent of the individual. You should not assume that the individual already understands this or will agree. However, there may be times when you will need to pass on information without the consent of the individual. For example, this may be when a young individual shares with you that a friend of theirs stole some goods from the local shop. In this instance, you would need to inform the person that it is your duty to pass this information onto your manager in the first instance. Your manager may then need to inform the police; if so, the individual will be informed of all actions taken and why they are required.

The role of a personal assistant

A personal assistant is employed directly by the individual with care or support needs or by a family member when the individual does not have the capacity to be the employer. If you are a personal assistant, you will have a contract of employment that will set out your rights and responsibilities as an employee including who you can share information with, such as doctors, and when this may be required, such as during hospital appointments. Sometimes, however, it may be necessary for you to share confidential information without your employer's consent. For example, if you identify that your employer is being abused you have a duty to report this to the council's safeguarding board.

In [AC 4.3](#) we discuss the tension that may arise between your duty of care to protect the individual's confidentiality and the need to disclose concerns.

AC 4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns

There are times when an individual's right to have their personal information kept confidential cannot be upheld and you need to **disclose** the concerns you have. When personal information is shared, it is done so **in confidence** and only with those who require it. Situations in which it is important to disclose information include those where:

- **There is a risk of abuse or neglect:** for example, if an individual tells you that they are going to harm themselves and they do not want you to tell anyone, you will not be able to keep this information confidential. Your **duty of care** towards the individual is to keep them safe and free from harm and therefore you will need to pass this information onto your manager in the first instance or if your employer is your manager then onto the Adult Social Care team. In this way you can show that you have taken action to prevent the individual from harming themselves.
- **Someone is in danger:** for example, if a visitor to your care setting tells you that they overheard two individuals talking about another individual who lives in the home and how they are planning to challenge them in their room later that evening but that it was probably a joke and they therefore want you to keep it to yourself; you will not be able to keep this information confidential. Your duty of care towards the individual is to keep them free from danger but you also have a duty of care towards the two individuals who are planning this action to ensure that they do not become involved in something serious which could ultimately result in a crime being committed. You will need to pass this information onto your manager or onto the Adult Social Care team. In this way you can show that you've taken action to prevent the individuals from coming to harm and becoming involved in a serious crime.



Courage

Courage may be required when you need to break confidentiality and pass on information if you believe that this is in the best interests of the individual. Not doing so may put the individual and others at risk. For

example, if you do not disclose that an individual is being abused or harmed, then the abuse may get worse, and the individual's health and well-being may deteriorate.

Competence

Competence refers to effectively putting your knowledge and skills into practice. Doing so will show that you are able to provide high quality care and support to individuals. In this section, you can show that you are competent by demonstrating confidentiality in your day-to-day communications with individuals and others that you work with. This will include being competent and effectively putting into practice the knowledge and skills you have when recording and storing personal information and maintaining and promoting confidentiality in your daily communications with individuals, their families and colleagues, for example. Think about what you have learned in this AC. How can you show your competence in the different aspects we have discussed?



Key terms

Disclose is to report confidential or sensitive information.

In confidence, in an adult care setting, means to trust that the information will only be passed on to others who need to know.

Duty of care refers to the legal requirement that health and social care workers have to ensure the safety and well-being of individuals and others.

- **A crime has taken place or there is a potential risk that a crime may take place:** for example, if an individual's family tells you that they witnessed another individual who lives in the care setting stealing from the local shop and ask you not to report it but to have a word with the individual instead because they have learning disabilities and probably did not fully understand what they were doing, you will not be able to keep this information confidential because a crime has been committed. You will need to pass this information onto your manager or onto the Adult Social Care team. In this way you can show that you've taken action to report that a crime has taken place. The police will also need to be made aware that a serious crime has taken place.

Although it is easy to see why in some situations confidential information may need to be shared to protect individuals and others from danger, harm, abuse and neglect it is not so easy to disclose the information because very often the person making the disclosure will not want you to share this information with others. In addition, you may feel that disclosing the information will damage the relationship and trust you have with the person and may mean that they do not approach you in the future with their concerns.



Reflect on it

4.3 'In confidence'

Reflect on how you would feel if you told a friend something about yourself in confidence, but they told you they would have to report it to someone else. How would you feel about your friendship? Why?

Managing the relationship with the individual

It is important to remember that as an adult care worker your duty to promote individuals' safety and well-being is of paramount importance. The tensions that arise between maintaining an individual's confidentiality and disclosing concerns can be managed by explaining to the person making the disclosure that although you will be sharing their personal information it will be kept confidential and will only be shared with a named person; this may be your manager, the safeguarding officer in the care setting where you work, or the social worker, for example. You can also explain that you have a legal duty of care as part of your job role to maintain their and others' safety and well-being and therefore you are following your responsibilities as part of your job role. Finally, you could show the person the policies and procedures of the care setting where you work to reassure the person that you are following an agreed way of working.

Remember:

- You must gain consent from the individual before disclosing any information unless the individual's safety is at risk, or if the safety of others is at risk. You must only disclose information if it is in the best interests of the individual and others 'need to know' in order to provide the best possible care for the individual. It would be useful for you to recap your learning from [AC 4.1](#), and the 'need to know'.

- If you need to pass on information and the individual has not consented to the information being shared, you must still inform the individual that you will be sharing the information. This also applies if they have consented to information being shared. Make sure that they know what information will be shared exactly, and with whom.
- You must speak to your manager or a senior colleague before sharing any information with others.
- Refer to [Unit 304](#) Promote effective handling of information in care settings for information on the things you need to be aware of when sharing information.
- If you are a personal assistant, you may need to disclose your concerns to the police, medical or social services. Remember to inform the individual that you are doing so.

As a personal assistant, the individual who you provide care and support to may also be your employer. This may make you feel awkward about disclosing any concerns you have about the individual, in the event of it affecting your employment with them. When you started your role as a personal assistant you should have received information and/or training about how to maintain confidentiality in your work. In terms of sharing information about the individual, they and/or their representative would have told you what information they would want passed on and what information they would not want passed on, with whom it can be shared and under what circumstances. There may be circumstances where you have to share information about the individual without their consent, such as in a medical emergency or if they have disclosed to you they have been abused or committed a criminal offence.



Research it

4.3 The Care Act 2014 and duty of care

Research what the Care Act 2014 says about the duty of care of care workers. How does this concept relate to the need to disclose confidential information? Develop a leaflet to present your findings.

The reflective exemplar guides you in reflecting on the potential tension between maintaining an individual's confidentiality and disclosing concerns and the skills required to manage these situations effectively.

Reflective exemplar

Introduction

I work as a Lead Personal Assistant with Si who has autism. My duties involve leading a team of personal assistants to enable Si, who lives at home with his parents, to maintain his independence.

What happened?

This morning at the end of my shift, Si's parents asked me whether they could speak to me in private. I agreed, and they proceeded to tell me how they overheard one of the personal assistants (PAs), who happens to be Si's favourite PA, tell Si that if he didn't get up in the next five minutes he wouldn't be eating for the rest of the day. Si's parents explained to me that although they didn't agree with what the PA said they thought that he probably didn't mean it as they know that he is very fond of Si and also because it was probably due to him being a little stressed; he had already been trying to encourage Si to get up for at least 30 minutes.

I thanked Si's parents for telling me and explained that I would be reporting this to the office in the first instance. Si's parents stated immediately that they didn't want the PA getting into trouble or losing their job because he had developed such a good working relationship with Si and asked whether I could just have a private word with the PA informally.

As I was rushing off to carry out an assessment for another individual, I agreed with what they said and when I returned to the office reported what was disclosed to me in confidence as per the procedure. I also recorded what was said to me in private in the office on the allocated disclosure form and then handed this personally to the Office Manager.

Reflective exemplar	
What worked well?	I listened attentively to Si's parents and knew the process to follow when information needs to be disclosed. I was not persuaded by Si's parents to not follow the agreed ways of working.
What did not go as well?	I agreed with Si's parents without being honest with them or taking the time to explain in full what would happen next; this may mean that they do not approach me again with their concerns. I could have phoned the office and requested another Lead carry out the individual's assessment or if this was not possible I could have rescheduled it for a time when I was available. In this way, I could have spent more time with Si's parents.
What could I do to improve?	I will need to revisit my previous training in how to manage situations such as this one where there are potential tensions between maintaining confidentiality and disclosing concerns. Perhaps I also need to work on my confidence level in managing situations such as this one.
Links to assessment criteria in this unit	ACs: 4.1, 4.2, 4.3

Evidence opportunity

4.3 Potential tension between maintaining an individual's confidentiality and disclosing

Develop a case study of an individual who trusts you and wants you to keep something they have told you a secret. Describe the potential tensions between maintaining confidentiality and disclosing what the individual has asked you to keep a secret. You could develop a presentation or provide a written account. Make sure you follow rules around maintaining confidentiality when it comes to including details about the individual in your write-up.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor, who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested methods to show your knowledge/skills
LO1 Understand why effective communication is important in the work setting	
1.1 Research it (page 195)	Produce a written account of the different reasons people communicate. You could also provide a written account with your findings.
1.1 Reflect on it (page 195)	You could write a reflective account addressing the points in the activity or more generally about the reasons why people communicate.
1.1 Evidence opportunity (page 196)	You could discuss the different reasons people communicate with your assessor. Remember to relate your discussion to your work setting. You could also provide a written account addressing the points in the activity.

Suggestions for using the activities

1.2 Research it (page 196)	Provide a leaflet or written account detailing how you can communicate effectively with someone who has dementia using the link in the activity and show how this can affect your relationships with individuals and their families. Or you could write a personal statement that explains how communication can affect relationships in the care setting where you work.
1.2 Reflect on it (page 199)	Write a reflective account addressing the points in the activity.
1.2 Evidence opportunity (page 199)	Provide a written account detailing your discussion. You could also produce a presentation that explains how communication affects relationships in the work setting.
1.3 Reflect on it (page 201)	You could reflect on the ways you manage challenging situations, and provide a written account addressing the points in the activity.
Research it (page 201)	Provide a written account detailing your findings.
1.3 Research it (page 203)	Write down your findings. Or you could discuss with your manager or assessor effective ways to manage challenging situations at work and provide a written account detailing your discussion.
1.3 Evidence opportunity (page 203)	You could produce an information handout or guide that explains ways to manage challenging situations. Remember to include different examples of challenging situations that may arise in your work setting.
LO2 Be able to meet the communication and language needs, wishes and preferences of individuals	
2.1 Reflect on it (page 206)	You could reflect on an occasion when you established the communication and language needs of an individual. You could address the points in the activity and provide a written account, ensuring that you follow the rules around confidentiality and do not mention the individual's name or anything that would give away their identity.
2.1, 2.3 Research it (page 206)	You could provide a create a leaflet or provide a short, written account detailing your findings. Or you could collect a witness testimony of how you improved the quality of an interaction with an individual by establishing their communication and language needs, wishes and preferences.
2.1 Evidence opportunity (page 206)	You must make arrangements for your work practices to be observed to show how you establish the communication and language needs, wishes and preferences of different individuals.
2.2 Reflect on it (page 208)	Provide a short reflective account. Or you could discuss with a colleague the different factors to consider when promoting effective communication for two different individuals. You will find the Case study a useful source of information.
2.2, 2.4 Case study (page 219)	
2.2, 2.3 Research activity (page 209)	Provide a written account detailing your findings. You could also produce a presentation about the different factors you consider when promoting effective communication.
2.2 Evidence opportunity (page 210)	You could provide a written account addressing the points in the activity. Or you could write a personal statement that describes the factors to consider when promoting effective communication in the care setting where you work.
2.3 Research it (page 215)	Develop a handout, or you could collect a witness testimony of how you used different communication methods and styles to meet an individual's needs.
2.3 Research it (page 216)	Discuss your findings with a colleague. You could also provide a written account detailing your discussion or just your research findings.
2.3 Reflect on it (page 216)	Write a reflective account addressing the points in the activity.
2.3 Reflect on it (page 217)	You could reflect on an occasion when the communication methods and styles used when communicating with an individual were not effective and had to be adapted. Address the points in the activity and provide a written account.

Suggestions for using the activities

2.2, 2.4 Reflect on it (page 218)	Write a reflection of an occasion when you responded to an individual's reactions when communicating.
2.2, 2.4 Case study (page 219)	You could discuss with a colleague how to respond to an individual's reactions and discuss the scenario in the Case study.
2.3, 2.4 Evidence opportunity (page 220)	You must make arrangements for your work practices to be observed to show how you respond to an individual's reactions, and to show how you use a range of communication methods and styles to meet an individual's needs.
LO3 Be able to overcome barriers to communication	
3.1 Reflect on it (page 220)	You could write a reflective account addressing the questions in the activity.
3.1 Research it (page 222)	You could produce a presentation about how communication methods are used and interpreted differently depending on people's backgrounds.
3.1 Evidence opportunity (page 222)	You could discuss with a colleague how people from different backgrounds may use and/or interpret communication methods in different ways and provide a written account based on the discussion. You could also develop two case studies as instructed in the activity and provide a written account based on these, ensuring you consider confidentiality.
3.2 Reflect on it (page 224)	You could provide a written account addressing the points in the activity or you could complete a spider diagram of the communication barriers you have experienced in the care setting where you work.
3.2 Research it (page 225)	Provide a written account detailing your findings. You could also discuss with a colleague the barriers that there are to effective communication with two individuals in the care setting where you work.
3.2 Evidence opportunity (page 225)	Provide a written account and maintain confidentiality. You could also write a more general account about the barriers to effective communication and their impact.
3.3 Research it (page 230)	Go through each of the sections outlined in this activity and make notes to document your findings. You could tell your assessor about what you have found out.
Research it (page 231)	You could collect a witness testimony of how you used SOLER when communicating with an individual who has a hearing impairment.
3.3, 3.5 Evidence opportunity (page 232)	You must make arrangements for your work practices to be observed to show how you use different ways to overcome barriers to communication. You could also explain this to your assessor.
3.4 Reflect on it (page 232)	You could write a reflective account about how you used different strategies to clarify misunderstandings that have arisen in your communications with individuals in the care setting where you work.
3.3, 3.4, 3.5 Research it (page 233)	You could use the research on active listening to produce a presentation to show how active listening can be used to clarify misunderstandings.
3.3, 3.4, 3.5 Evidence opportunity (page 234)	You must make arrangements for your work practices to be observed to show how you use different strategies to clarify misunderstandings. You will find the Case study useful when thinking about different strategies that can be used.
3.4, 2.3, 2.4 Case study (page 233)	
3.5 Reflect on it (page 234)	You could produce a case study of the communication skills you used when managing a complex, sensitive, abusive or challenging situation. Or address the points in the activity and provide a written account.
3.5 Research it (page 236)	You could write down your findings or produce a leaflet.

Suggestions for using the activities

3.5 Evidence opportunity (page 236)	You could produce a verbal presentation to your colleague or assessor that explains the communication skills you use when managing complex, sensitive, abusive or challenging situations and behaviours. You could also collect a witness testimony of the communication skills you use when managing complex, sensitive, abusive or challenging situations and behaviours in the care setting where you work. Or you could provide a written account explaining how to use communication skills to manage complex, sensitive, abusive or challenging situations and behaviours.
3.6 Reflect on it (page 236)	Write a reflective account detailing an occasion when you accessed extra support from the care setting where you work to enable individuals to communicate effectively.
3.6 Research it (page 238)	Provide a written account detailing your findings. Make sure you explain the process to follow for accessing support from external organisations to enable individuals to communicate effectively.
3.6 Evidence opportunity (page 239)	Develop a case scenario, or you could discuss with your assessor the process to follow in the care setting where you work for accessing extra support or services to enable individuals to communicate effectively.
3.7 Reflect on it (page 240)	Provide a reflective account addressing the points in the activity. Or you could discuss with a colleague the purposes and principles of independent advocacy; you could use your reflection as the basis for thinking about the benefits of advocacy.
3.7 Research it (page 240)	Produce a factsheet detailing your findings. You could also include information about the purposes and principles of different types of independent advocacy.
3.7 Evidence opportunity (page 241)	You could have a discussion with your assessor about the purpose and principles of independent advocacy and provide a written account. You could also produce a presentation that explains the purposes and principles of independent advocacy; include the benefits and different types that are available.
3.8 Reflect on it (page 241)	You could provide a written account of an occasion when you involved an advocate; explain the reasons why and how you did it. You could also collect a witness testimony for when you involved an advocate for an individual; include the qualities that you were looking for in an advocate and why.
3.8 Research it (page 243)	Provide a written account detailing your findings.
3.8 Evidence opportunity (page 243)	Explain to your assessor the reasons for involving an advocate and demonstrate the process to follow for accessing the advocacy service. Make sure you provide a written account explaining when you would involve an advocate and how to access advocacy services. Or you could produce an information handout of the different reasons why you may need to involve an advocate and how to access advocacy services in line with your care setting's agreed ways of working.
LO4 Be able to apply principles and practices relating to confidentiality	
4.1 Reflect on it (page 245)	Write a reflective account on what confidentiality means in relation to the care setting where you work. Address the points in the activity.
4.1 Evidence opportunity (page 245) 4.1, 4.2, 4.3 Reflective exemplar (page 250)	You could discuss with your assessor the meaning of confidentiality in your setting, then address the points in the activity and write a short reflective account. You could include an explanation of what confidentiality means from the perspective of individuals and their families. The reflective exemplar will also help you.
4.2 Research it (page 245)	Provide a written account of your findings.

Suggestions for using the activities

4.2 Evidence opportunity (page 247) 4.1, 4.2, 4.3 Reflective exemplar (page 250)	You must make arrangements for your work practices to be observed to show how you maintain and promote confidentiality in day-to-day communication. You could collect a witness testimony of the different ways you maintain and promote confidentiality in the care setting where you work. You will find it helpful to read the reflective exemplar.
4.3 Reflect on it (page 249)	Write a reflective account addressing the points in the activity or you could write an account that describes the reasons why tensions can arise between maintaining an individual's confidentiality and disclosing concerns.
4.3 Research it (page 250)	Produce a leaflet that shows your findings. You could also discuss with a colleague the key points of legislation in relation to sharing confidential information.
4.3 Evidence opportunity (page 251) 4.1, 4.2, 4.3 Reflective exemplar (page 250)	Consider the points in the activity and develop a case study ensuring you follow rules around maintaining confidentiality when it comes to including details about the individual. Or you could write a more general account that describes the potential tension between maintaining the confidentiality of an individual with care or support needs and disclosing concerns. You will find it helpful to read the reflective exemplar.

Legislation	
Act/Regulation	Key points
Care Act 2014	Health and social care workers have a legal duty of care to maintain individuals' and others' safety and well-being. Individuals with care and support needs can access care and support advocates to enable them to be fully involved in all aspects of their care and support.
Equality Act 2010	Employers and providers of services for individuals with disabilities have to make reasonable adjustments when these are required, such as by making information available in large print for individuals with sight loss and installing a hearing loop system in a meeting room.
Mental Capacity Act 2005	Individuals are entitled to an Independent Mental Capacity Advocate (IMCA) when an individual lacks the capacity to make decisions and where there is no one independent of services, such as a family member or friend, who is able to represent the individual.
Data Protection Act 1998	Information and data must be processed fairly, lawfully, used only for the purpose it was intended to be used for, be adequate, relevant, accurate and up to date, held for no longer than is necessary, used in line with the rights of individuals, kept secure and not transferred to other countries without the individual's permission. The arrangements in place protect the security of individuals' personal information.
General Data Protection Regulation (GDPR) 2018	In May 2018 the General Data Protection Regulation came into force. It provides detailed guidance to organisations on how to govern and manage people's personal information. This will need to be included in care settings' policies, procedures, guidelines and agreed ways of working.
The Freedom of Information Act 2000	Individuals have rights to apply for access to information held by a wide range of public bodies, such as local authorities and hospitals.
Human Rights Act 1998	Individuals are entitled to have their human rights respected such as their right to privacy in relation to their personal information being shared.
Mental Health Act 1983	Individuals are entitled to an Independent Mental Health Advocate (IMHA) if they are what's known as a 'qualifying patient'.

Further reading and research

Books and booklets

Butler, S.J. (2004) *Hearing and Sight Loss – A Handbook for Professional Carers*, Age concern, England

Caldwell, P. Stevens, P. (2005) *Creative conversations: Communicating with People with Learning Disabilities*, Pavilion Publishers

Emerson, E. and Enfield, S.L. (2011) *Challenging Behaviour*, Cambridge University Press

Ferreiro Peteiro, M. (2015) *Level 3 Health & Social Care Diploma Evidence Guide*, Hodder Education

Moss, B. (2015) *Communication Skills in Health and Social care [3rd edition]*, Sage Publications Ltd

NHS Protect Guidance (2015) (updated version) *Meeting Needs and Reducing Distress: Guidance for the Prevention and Management of Clinically Related Challenging Behaviour in NHS Settings*, TSO.

Weblinks

www.actiononhearingloss.org.uk Action on Hearing Loss – information and factsheets on communicating and supporting people who are deaf, deafblind or have a hearing loss.

www.autism.org.uk The National Autistic Society – information on communicating with individuals on the autistic spectrum.

www.alzheimers.org.uk Alzheimer's Society – information on communication methods and strategies to use with individuals who have Alzheimer's.

www.cruse.org.uk Cruse Bereavement Care – information, resources and advice for all those affected by bereavement including individuals, their families, professionals and others who support them.

www.dementiauk.org Dementia UK – information about what dementia is, different types of dementia, leaflets and publications about how to effectively communicate with and support individuals with dementia

www.mencap.org.uk Mencap – information about different levels of learning disabilities, how to communicate with individuals who have different types of learning disabilities

www.mentalhealthcare-uk.com Mental Health Care UK – information about person-centred approaches used in this organisation’s services that include residential care settings for individuals with learning disabilities, behaviours that challenge, mental health issues and autism

www.mind.org.uk Mind – information about what psychosis is, causes of psychosis, different types of psychosis

www.rethink.org Rethink – information on communicating effectively with individuals and their families who are affected by mental illness, including how to manage challenging situations positively

www.rnib.org.uk Royal National Institute of Blind People (RNIB) – information on communicating with individuals who have sight loss, are blind or partially sighted

www.scie.org.uk Social Care Institute for Excellence (SCIE) – e-learning resources on effective communication skills and how to apply them

www.sense.org.uk Sense – information on communicating effectively with individuals who are deafblind, have sensory impairments or complex needs

www.shelter.org.uk Shelter – information, factsheets and advice about advocacy services for people experiencing housing difficulties

www.stroke.org.uk Stroke Association – information about causes of strokes, symptoms, different types of aphasia

304 Promote effective handling of information in care settings



About this unit

Credit value: 2

Guided learning hours: 16

Understanding the requirements of legislation and codes of practice for handling information in **care settings** is essential for the delivery of safe and effective care. In this unit you will learn about the relevant key pieces of legislation and the working codes of practice.

Being able to implement good practice in handling information requires you to know about and use different manual and electronic information systems so that the information they contain can be kept secure. You will also learn more about your **agreed ways of working** for maintaining records and ensuring that they are up to date, complete, accurate and legible; storing and accessing information, including how to support audit processes in line with your role and responsibilities.

Finally, as a Lead Adult Care Worker or Lead Personal Assistant you must also be able to support others to handle information effectively including how to ensure they understand the importance of keeping information secure and that they can not only understand but also contribute to records.

Learning outcomes

By the end of this unit, you will:

LO1: Understand requirements for handling information in care settings

LO2: Be able to implement good practice in handling information

LO3: Be able to support others to handle information

LO1 Understand requirements for handling information in care settings

Getting started

Think about the care setting where you work and the information you handle on a day-to-day basis. This may, for example, be written information that you record manually and/or electronically, files or reports that you store and verbal information you discuss and share.

Why is it important that you and your colleagues handle all information professionally and in line with legislative requirements? What would be the consequences if you didn't? If you work in an individual's home, how do you make sure that you follow legislative requirements? How does this protect the individual's **confidentiality**?



Key terms

Care settings can include adult health settings, children and young people's health settings and adult care settings. This qualification focuses on adult care settings. These include residential homes, nursing homes, domiciliary care, day centres, an individual's own home and some clinical healthcare settings.

Agreed ways of working are your employers' policies, procedures where these exist; they may be less formally documented with smaller employers.

Confidentiality refers to maintaining the privacy of sensitive or restricted information, for example information about an individual's diagnosis of a health condition.

Handling information

Handling information in care settings is a big responsibility. There is a lot of information that is recorded about individuals in care settings and this is held in different records and reports. The information we record about individuals is personal and private to that individual and so it is very important that these

documents are handled with care. These are legal documents and need to be completed, stored and shared by following agreed ways of working and legal requirements.

The NHS hacking scandal 2016/17

Recently, the NHS became victim of hacking (where files and records were accessed illegally). This affected over 100 countries and had serious consequences for the NHS and its hospitals across the UK. Doctors were unable to access electronic information held on IT systems unless a ransom was paid. This meant many operations were cancelled as patients' personal information about allergies and health conditions, for example, could not be accessed. Results of patients' blood tests and x-rays could not be obtained and patients could not be admitted or discharged from hospital without access to their information that was held electronically.

While such a story is rare, with organisations like the NHS having robust or strong systems in place to prevent the likelihood of a cyber-attack or 'hack', this highlights how no organisation is completely safe, and moreover how important it is to ensure you and your setting do the utmost to protect the information you hold. This may be through systems such as locking files away in cabinets, or having firewalls, anti-virus software and password protection policies in place. You will learn more about this in [AC 2.1](#).

Your role in handling information

As an adult care worker, it is important that you know about the legal requirements and codes of practice that relate to the recording, storage and sharing of information in care settings. These set out the [rights](#) individuals and others have in relation to their personal information. Legislation and codes of practice also set out your [responsibilities](#) and the working practices you must follow to ensure you maintain the confidentiality and security of all the information you handle at work.

As a Lead Adult Care Worker or a Lead Personal Assistant, your job role will involve you competently handling different people's information, and recording and reporting information about them. For example, you may need to:

- handle and record the information obtained from an individual and their family while developing the individual's care plan with them in relation to their family background, their support needs and/or interests. You may also need to record and report any changes in these
- supervise the work of other care workers and this may involve writing reports

about care workers' performance at work, such as their strengths and areas for further training and development

- get involved in recruiting and supporting new care workers, meaning you will need to read job application forms containing information about the applicants' previous work experience and current qualifications
- record information about an individual's health, for example any changes you may have noticed or signs and symptoms of injury or illness
- record any actions you have taken with regard to an individual's care, any discussions you have had and any decisions you or the individual have made
- document any areas of concern with regard, for example, to an individual or a colleague
- provide an audit trail for actions (this would be particularly important in any investigation about abuse or an incident).



Key terms

Rights are a legal entitlement to something, for example the right to have personal information held about you by an organisation kept secure.

Responsibilities can be duties that you are to complete as part of your job, and can include legal duties that you are required to fulfil legally as part of your job role. Examples include writing information in individuals' records clearly, only recording factual information, completing records fully and accurately so that it can be read and understood.



6Cs

Competence

As an adult care worker, you will be responsible for handling various pieces of information and recording and reporting in a complete and accurate way. You will be recording and reporting information so that you can make decisions and plan the care and support for individuals; you will be sharing information with those inside and outside the care settings to inform individuals' care; you will be providing information about individuals to your colleagues to ensure consistent care and support.

It is therefore important that you equip yourself with the knowledge and skills that are required to be capable and competent in this area of your job. This will apply whether you work in a large care home, or as a personal assistant in an individual's home. For example, you will need to ensure you are able to handle confidential information in an appropriate way and follow and abide by the various laws around recording, storing and sharing of information; you will need to ensure that you are able to maintain records that are up to date, complete, accurate and legible. You will need to show that you can write accurate reports about individuals, keep individuals' reports safe where you work and share information about individuals only when you have permission to do so.

Think about your own practice. How do you show your competence when handling individuals' and others information in the care setting where you work? What records do you complete as part of your work role? What type of information do these records contain? Who does this information belong to? How do you ensure that you handle this information safely? Is there any information that is sensitive? How do you maintain its confidentiality? Do you always return any files or records? Have you ever, accidentally or otherwise, not returned files to their correct place? What could the consequences of this be when you are working in a nursing home or day centre? What could the consequences be if you are working in someone's home? If you work in someone's home, how do you ensure information is safely stored?

AC 1.1 Identify legislation and codes of practice that relate to handling information in care settings

Legislation that relates to handling information

[Table 6.1](#) in AC 1.2, page [262](#) outlines detailed points for each of the main pieces of legislation with regard to handling information. However, below is some information to introduce you to each piece of legislation and how it relates to handling information and the rights of people in relation to the handling of their personal information.

General Data Protection Regulation (GDPR) 2018

The [GDPR](#) became law in May 2018 and shares many of the principles of the Data Protection Act 1998 (outlined below) and the rights people have under the DPA. The GDPR enhances people's rights by placing more emphasis on how organisations share people's personal information as well as the records that they are required to keep, to show that they are handling people's information in accordance with the Regulation.

Data Protection Act (DPA) 1998

The Data Protection Act 1998 sets out the rights people have in relation to how information about them can be legally used, recorded, stored and shared. Its aim is to protect people from having information about them misused or abused by ensuring that organisations follow a set of agreed standards or principles when handling people's personal information. In certain circumstances it allows people to see the information that has been recorded and is held about them.

The Care Act 2014

The Care Act sets out the rights people have in relation to being able to access information and advice about their care and support from local authorities. It also sets out the rights people have in relation to information being shared when there are safeguarding concerns.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

These Regulations established the Fundamental Standards that identify the standards in [Table 6.2](#) which the care you provide must never fall below. It also established the [duty of candour](#) that requires providers to be open and

transparent with individuals and their representatives such as their advocates or families, regarding their care and treatment and providing them with truthful information when care goes wrong.

Freedom of Information Act 2000

The Freedom of Information Act sets out the rights people have in relation to accessing **general information** held by public authorities such as local authorities, the NHS, and the police. The Data Protection Act and GDPR 2018 by contrast protect people's rights to access **personal information** held about them, such as their health records.

Access to Personal Files Act 1982

This Act sets out the rights a person has to access personal information that is held about them by public authorities and organisations. For example, a person may want access to their housing or social services records; these may be paper-based or held electronically.

Human Rights Act 1998

The Human Rights Act sets out the rights and freedoms that everyone who lives in the UK is entitled to. It asserts that everyone has the right to be treated with respect, dignity and to be treated fairly by public organisations such as the government and the police. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into British law.

The Caldicott Principles

The Caldicott Principles are a set of seven principles that were developed in the 1990s following a review into the use of patient information across the NHS. Organisations should adhere to these principles to ensure that patient identifiable information is protected and only used when necessary. Although these guidelines are not the law as such, it is important that you are aware of them. For more information, take a look at:

www.igt.hscic.gov.uk/Caldicott2Principles.aspx



Key terms

General Data Protection Regulation (GDPR) 2018 is a set of data protection laws that protect individuals' personal information. This replaced the Data Protection Act in May 2018.

Duty of candour refers to the standards that adult care workers and professionals must follow when mistakes are made, and an individual's care goes wrong. This will include being open and honest.

General information that is recorded and held by a public authority may include information in relation to complaints received, accidents that have taken place, and correspondence exchanged between organisations. For example, an individual may request access to find out about the number of infections there have been in a hospital or the number of accidents there have been in a residential care home so that they can decide which setting is best for their relative to access.

Personal information that is recorded and held by an organisation may include contact details as well as information about the individual's health, care needs, and family background.



Reflect on it

1.1 Legislation

Reflect on the reasons why there is legislation in place for the handling of information. What are the consequences of there being no legislation for the handling of information in care settings? What impact could this have on individuals? What impact could this have on you and other care workers?

Write a piece addressing these points here.

Codes of practice that relate to handling information

A **code of practice** (see page [262](#) for definition) is usually voluntary and provides guidance on how to follow best practice. It is not mandatory like legislation but rather a set of standards that are recommended to be followed for best working practice. The care setting where you work will have a code of practice in relation to handling information setting out the standards you and your colleagues are expected to follow while you carry out your day-to-day work responsibilities. There are also some general codes of practice that relate to handling information in care settings. You will learn more details about these in [AC 1.2](#).



Research it

1.1 Codes of practice in your setting

Research the code or codes of practice you have in place for handling information in the care setting where you work. Where did you find it? How did you access it? Why is it important? What is its relevance in relation to handling information? Whose information is it relevant for? If you are a personal assistant working in an individuals' home, what standards are expected from you in terms of handling information?

Records Management Code of Practice for Health and Social Care 2016

This code of practice was published by the [Information Governance Alliance](#) and sets out the rights people have when their records are handled by those working in or with NHS organisations. It includes the handling of both digital and paper records such as health records, x-ray reports and GP records.

HSCIC Code of Practice on Confidential Information 2014

This code of practice was published by the [Health and Social Care Information Centre \(HSCIC\)*](#) and sets out the rights people have when confidential health and care information is collected, analysed, published or shared by organisations. It also refers to the [Caldicott Principles](#), a set of principles on which confidential information must be based on. There is more information on these in [Table 6.2](#). This is similar to the HSCIC Guide to Confidentiality 2013 below. However, the code was updated and renamed to make it clearer.

HSCIC Guide to Confidentiality 2013

This code of practice was also published by the Health and Social Care Information Centre (HSCIC)* and sets out the rights people have to ensure that their personal information is respected and shared safely and confidentially by health and care workers.

**In 2016 the HSCIC changed its name to NHS Digital.*

In [Table 6.1](#), you can learn more about how you and your setting can comply with these codes of practice.



Key terms

Codes of practice in this unit refer to the guidelines and standards that care workers are expected to follow when handling information.

Information Governance Alliance includes the Department of Health, NHS England, NHS Digital and Public Health England. Its aim is to improve how people's information is handled by health and care services.

Health and Social Care Information Centre (now called NHS Digital) is responsible for providing information and systems for handling individuals' information.

Caldicott Principles refer to a set of seven general principles that health and social care organisations should use when handling individual's personal information. They, for example, outline that you must justify the purpose for using confidential information, and that you must only use it if absolutely necessary. They were developed in the 1990s following a review into the use of patient information across the NHS. Organisations should adhere to these principles to ensure that patient-identifiable information is protected and only used when necessary. Although these are not the law as such, it is important that you are aware of these guidelines. For more information, take a look at: www.igt.hscic.gov.uk/Caldicott2Principles.aspx

Evidence opportunity

1.1 Legislation and codes of practice that relate to handling information

Produce a spider diagram that includes at least three examples of legislation and three examples of codes of practice that relate to handling information in the care setting where you work. You could also provide a written piece documenting three examples of legislation, and three examples of codes of practice and an explanation for each.

AC 1.2 Summarise the main points of legal requirements and codes of practice for handling information in care settings

Now that you have learned about the importance of having legislation and codes of practice in place for the handling of information in care settings it is important that you understand these so that you can comply with them. By following the legislation and codes of practice outlines, you will be helping to:

- uphold individuals' right to have all their information handled safely
- protect individuals from having their information misused or abused
- respect individuals' right to confidentiality when handling their information
- maintain the security of all information you handle.

[Table 6.1](#) details some of the main points of key legislation and includes examples of how you can ensure that you comply with these when handling information in the care setting where you work.

Table 6.1 Legislation for the handling of information in care settings

Legislation	Main points covered and examples of how you can comply with the legislation
General Data Protection Regulation (GDPR) 2018	In May 2018, the Data Protection Act was replaced by the General Data Protection Regulation (GDPR). Although it shares many of the principles of the Data Protection Act, the GDPR enhances individuals' rights and the arrangements organisations must have in place for handling information. The GDPR gives individuals greater rights over their personal information: ● Organisations will have to demonstrate how they have obtained individuals' consent when handling information. ● Individuals will have the right to give and to withdraw their consent for processing information. ● Individuals' rights and interests must be safeguarded when information is being processed, i.e. to rectify inaccurate personal data. ● All public authorities must have a named data protection officer who is responsible for ensuring the organisation is complying with the GDPR and is the main point of contact. You will find it useful to visit the ICO website for more information on the GDPR. You will also find it useful to research (online) the GDPR and the accountability principle, privacy notices, individual's rights, requests for information, processing personal data, consent, breaches of data, Data Protection Officers, assessments and how the GDPR affects children's data/consent. You/your setting must comply with this legislation and your manager/setting will be able to further advise you on this. There may even be training that you are required to attend.
Data Protection Act (DPA) 1998	The Act has a set of principles as its basis for the handling of all information and they state that all personal information or data must be: Principle 1 – processed fairly and lawfully Principle 2 – processed for specific purposes Principle 3 – adequate, relevant and not excessive Principle 4 – accurate and up to date Principle 5 – not kept for longer than is necessary Principle 6 – processed in accordance with the rights of the data's subjects Principle 7 – kept secure Principle 8 – not transferred to other countries without adequate protection.

Legislation	Main points covered and examples of how you can comply with the legislation
	You can comply with these main points in the following ways: ● Principle 1: You must ensure that the information you include in reports about the care and support provided to individuals is written respectfully and must only include information that you have had permission to collate. You must seek permission from the individual or the individual's representative. ● Principle 2: You must be clear about the information you wish to obtain about an individual or team member by explaining to them why you are collating the information and what you intend to do with. This might, for example, be in relation to their health needs or in the case of a colleague, training needs. ● Principle 3: You must ensure that all the information you hold about an individual, for example in relation to the support they require is sufficient, relevant to that individual and that you do not hold more information than you need, as this could be irrelevant information about the individual's background. ● Principle 4: You must ensure that all the information you record about an individual is true, factual and up to date, such as all information relating to their care and support needs. The information you record must be in line with any changes in the individual's care and support needs so that the care and support provided can meet these. ● Principle 5: You must ensure that all information you hold about an individual is not retained for longer than necessary. For example, the information you hold about individuals that no longer live in the care setting must be archived or deleted securely in line with your care setting's agreed ways of working. ● Principle 6: You must ensure that all information you record about an individual or colleague, for example, is in line with their rights. You must, for example, respect and uphold their right to access a copy of the information you have recorded about them and you must respect their right to have any inaccurate information recorded about them corrected. ● Principle 7: You must ensure that all the information you record and hold about an individual is kept safe and secure. For example, you must ensure that you only write reports in a private office, that the individual's electronic files held on the computer are password-protected, you must ensure that you do not leave files or correspondence about the individual in a public area and that information is only accessed by those who have permission to do so. ● Principle 8: You must ensure that all the information you obtain about an individual is protected when transferred to another country overseas. For example, you may need to do this when an individual's information needs to be sent abroad or you will need to inform an individual when supporting them with booking a holiday abroad that the information they are providing online will be accessed by an overseas company and seeking the individual's permission for their information to be transferred in this way. You should always ensure an individual's information is not transferred to other countries without adequate protection or without the individual's permission as these countries may not have legislation in place in relation to how personal information about individuals is used and stored.

Legislation	Main points covered and examples of how you can comply with the legislation
The Care Act 2014	The underpinning principle of this Act is achieving 'well-being' for individuals and their carers in terms of their physical, mental and emotional well-being. It established new duties for local authorities to make available information, advice and advocacy on care and support, for example in relation to the different types of care and support available, how to access services, and costs of services. It is important that you are aware of the new duties the Care Act placed on local authorities in relation to ensuring information is made available when individuals need it.
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	The 2014 Regulations established the Fundamental Standards that identify the standards of care that providers are expected to meet at all times. According to the Standards, care providers are expected to ensure care is person-centred, individuals are treated with dignity and respect, their consent is sought and gained, that individuals' safety is ensured, that they are safeguarded from abuse, that their needs with regard to food and drink are met, that the premises and equipment used in relation to their care is maintained, complaints are handled and addressed appropriately, that there is good governance in the setting, issues around staffing are addressed, that fit and proper staff provide care, duty of candour is upheld, and that the CQC (see page 266 for definition) rating is displayed. The duty of candour requires providers of care to be open and transparent with individuals and their representatives such as their advocates or families, regarding their care and treatment including when it goes wrong. You can meet the standards of care in relation to handling information by, for example: ● treating all information about individuals with respect ● obtaining individuals' or their representatives' consent in relation to obtaining and sharing information about their care or support needs ● informing individuals and their carers of their rights to complain if they are not satisfied with their care or support ● informing individuals if a mistake has been made in relation to handling their information by being honest about what happened, apologising and providing support ● promote openness by supporting individuals and others to raise any concerns and complaints they may have ● promote transparency by allowing information about the organisation's services and their outcomes to be shared, for example with individuals, their families.
Freedom of Information Act 2000	This Act promotes people's rights to access general information held about them by public authorities such as the NHS and local authorities. This right is referred to as the 'right to know'. It is important that you are aware of people's rights to access general information held about them. In this way you can provide individuals with information about their rights to request and access information held about them unless there are reasons for them not to do so, for example it may put them at risk if they do so and unless doing so may, for example, impact negatively on an individual's mental health.

Legislation	Main points covered and examples of how you can comply with the legislation
	Examples of information they may want to access are care files, medical reports, documents, letters, test results, minutes of a meeting held about their care needs. Each public authority will have their own procedure for how to request access to general information. You can support individuals by ensuring they understand the process to follow. You should remember this when you are recording information about individuals as they may access the files and will be able to read what you have said. You should remember that this Act does not allow people to access the personal data of other people, only themselves.
Human Rights Act 1998	This Act sets out the rights and freedoms that everyone who lives in the UK is entitled to in a series of articles. Article 8 under this Act states that people are entitled to the following right in relation to the handling of information: the right to respect for their private and family life, home and correspondence such as letters, telephone calls and emails. You can comply with Article 8 by ensuring that when you handle an individual's personal information you keep it secure by writing your reports in private, ensuring that files are safely stored and protected, ensuring you only discuss their personal information with those you have permission to do so, and only sharing without their permission in exceptional circumstances, in the case of a medical emergency, for example.



Key terms

ICO refers to the Information Commissioner's Office which is the independent authority that upholds rights with regards to people's information and promotes openness by public bodies and data privacy for individuals. Go to <https://ico.org.uk> for more information.

CQC refers to the Care Quality Commission which is the independent regulator of health and social care services in England. They register care providers as well as monitor and inspect care services.

Complying with legislation when you work in an individual's home

If you work in an individual's home you are not exempt from complying with

these pieces of legislation. In fact, it is even more important that you are aware of the individual's rights and your responsibilities to ensure their information is kept safe and handled securely at all times. Not doing so may mean that you are in breach of your employment contract and not providing the individual with the protection and confidentiality of their information that they are entitled to.



Research it

1.2 Information Commissioner's Office (ICO)

Research the ICO's guide to the GDPR. You can access this from the ICO website:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr>

Or go to <https://ico.org.uk/> and search for 'GDPR'.

Produce an information handout about how you can comply with these requirements in your day-to-day role.

Consequences of not complying with legislation

If a setting does not comply with legislation then the setting will be breaking the law, which means that the setting will be fined. The setting's working practices will also be reviewed and its reputation will be damaged as a result.

In addition to legislation, there are also codes of practice in place that provide health and social care workers with specific guidance on how to handle information effectively. [Table 6.2](#) provides you with more information about what these include.

Codes of practice	Main points and examples of how you can comply
Records Management Code of Practice for Health and Social Care 2016	The Code provides guidance on how to manage records effectively for people working with or in NHS organisations in England. You can comply with the Code, for example, by ensuring that your records are: ● Authentic: by ensuring you provide a true record of what has happened and you sign and date your entry. ● Reliable: by ensuring you include the facts only rather than personal opinions about what has happened and that you complete the record as soon as possible after the activity/event happened. ● Honest: by ensuring you write records that are complete and if you make an error you put a line through it and add your initials next to it to show clearly that it was an error and who it was that made the error. ● Usable: by ensuring that you follow the agreed ways of recording and handling information in the care setting where you work so that your written records can be understood and retrieved when required.
HSCIC Code of Practice on Confidential Information 2014 <i>*The HSCIC has changed its name to NHS Digital.</i>	This Code of Practice outlines how health and social care workers can follow best practice when handling confidential information. The Code is also based on the Caldicott Principles that outline other principles that all health and social care staff are expected to follow in addition to the data protection principles. These are: 1 Justify the purpose. 2 Only use personal confidential data if it is absolutely necessary. 3 Only use the minimum necessary personal confidential data. 4 Access to personal confidential data should be on a need-to-know basis only. 5 Ensure that everyone with access to personal confidential data is aware of their responsibilities. 6 Comply with the law. 7 The duty to share information can be as important as the duty to protect patient confidentiality. You can comply with the Code of Practice by ensuring you always: ● explain to the person you are collecting information from why you need it ● respect a person's right to not have confidential information about them used ● use secure systems for recording and sharing confidential information.
HSCIC Guide to Confidentiality 2013 <i>*The HSCIC has changed its name to NHS Digital.</i>	This Guide provides health and social care workers with information about how to share information safely and confidentially and is based on the following key principles: 1 All confidential information about individuals must be respected. 2 Individuals' rights to not have confidential information shared about them should be respected. 3 Confidential information should be shared within a team when it is needed for providing safe and effective care to an individual. 4 Organisations must have in place effective systems, policies and procedures for maintaining confidentiality. You can ensure that you comply with the Guide by, for example, ensuring you: ● only discuss confidential information about individuals in the care setting where you work, not outside

Codes of practice	Main points and examples of how you can comply
	● know what process to follow if an individual asks you to not share their confidential information with a member of the team ● know the rules for when you can share confidential information with other team members ● read and understand what the procedures say in the care setting where you work about how to handle confidential information about individuals.



Reflect on it

1.2 Confidentiality where you work

Reflect on how you maintain confidentiality in the care setting where you work. What guidance have you been provided with about following the rules of confidentiality? Perhaps there is a code of practice in place for you and your team members to follow, perhaps you have attended a training update on confidentiality or perhaps someone explained this to you?

Why is it important to receive and understand information and guidance about how to maintain confidentiality in your day-to-day work responsibilities?

What if you work in an individual's home? How can you ensure that you respect their privacy and confidentiality?



Case study

1.1, 1.2 Requirements for handling information

Sally is a senior support worker and leads a small team who support three young adults with learning disabilities to live independently. Sally will be providing the team with an information update about handling information in relation to the GDPR, focusing on how, through their working practices, they can ensure they uphold individuals' rights to confidentiality and to having all their personal information treated with respect.

Discuss:

- 1 Where can Sally access up-to-date information about the GDPR?
- 2 What legislation is relevant to handling confidential information in care settings?
- 3 What codes of practice are relevant to handling individuals' personal information in care settings?



Competence

Applying your knowledge and skills in relation to handling information effectively in the care setting where you work is essential for the provision of high quality care and support. This is because you need information that is accurate and up to date to be able to plan and meet individuals' care or support needs. Here, you can show your competence by ensuring that you respect individuals' rights to confidentiality when recording, storing, accessing and sharing their personal information.

Evidence opportunity

1.2 Main points of legal requirements and codes of practice

List three key pieces of legislation and three codes of practice that relate to handling information in care settings.

For each one, write down details of their main requirements, why they are important and how you comply with them when handling personal information in the care setting where you work. How could you improve your practice?



Figure 6.1 Do you know how to handle information effectively and securely?

LO2 Be able to implement good practice in handling information

Getting started

Think about the care setting where you work and the records you are required to complete as part of your job role. For example, you may have to update individuals' care or support plans, pass a message on to a colleague about an individual's GP appointment or complete a training request for a member of the team. If you work in an individual's home, you may need to update the individual's daily record or their risk assessment. You will also need to update this if you work in residential care settings.

How do you record these different types of information? Do you use paper or electronic records, or both? Where do you store these records? Why?

AC 2.1 Describe features of manual and electronic information storage systems that help ensure security

Importance of effective storage systems

Before we discuss the specific features of manual and electronic storage systems that help ensure security (which we begin to discuss on page [271](#)), it is important to understand the importance of effective storage systems. As you will have learned in LO1 it is important that you comply with legislative and organisational requirements so that all the information that you record can be read and understood by those who require it and request access to it. It is also very important that all the information you document can be retrieved quickly and easily when it is required, otherwise it cannot be accessed or used.

Importance of effectively recording and storing

Recording and storing individuals' personal information securely will mean that you will be able to support individuals to be in control of their care and support needs to live the lives they want safely and independently. If individuals trust you and your abilities, they will be able to trust that all information held about them is recorded accurately and kept safe.

Not ensuring the provision of safe care and support to individuals when recording and storing information can have serious consequences for the continuity of their care and support and will in turn impact negatively on their lives. For example, if information is not recorded accurately and stored safely, your colleagues will not be able to provide care that continues to meet individuals' needs in a consistent way and so their needs may remain unmet.

This could also have serious consequences for the care or support you and the team provide to individuals. For example, you may need to update an individual's care plan because their dietary needs have changed; they may now require a soft food diet because they are at risk of choking. If you document this but other care workers cannot retrieve or find the individual's care plan because you filed it incorrectly then the team will not know about the change in the individual's dietary needs and may not provide the individual with a soft food diet; this in turn may result in the individual choking and requiring emergency medical treatment. Similarly, if you document that you have observed a member of your team use unsafe practice when supporting an individual to move from one position to another and this record is left lying around and not stored

securely on the computer or securely in the moving and handling folder, you risk other members of the team being able to access and read it. This may result in the member of your team who used unsafe practices being victimised. Knowing how to use both manual and electronic information storage systems to help keep personal information safe and confidential is therefore essential.

The importance of clear, accurate and legible records

Whatever the information you record, it is important that you record it accurately, that the information is dated so it is clear when the record was made and that it contains factual information. You will need to ensure that it is legible and easy to read, and that it is clear to understand and makes the point in a straight forward way. This is because, in a care setting, information is shared on a day-to-day basis, so others will need to access the information you have recorded. Even if you work in an individual's home, the individual or family members who have permission may also want to access and read their records. The individuals that you care for need to be confident that the information that they give to you will be recorded and secured safely. If they do not trust that this will happen, it could stop them from giving you information or affect the things that they decide to tell you.

There is more information on maintaining up to date, complete, accessible, accurate and legible records in [AC 2.3](#).

Monitoring storage systems for their effectiveness

It is important that you monitor systems for their effectiveness. This means that you and your colleagues should review feedback on how well the systems in place are working. What is working well when it comes to recording and storing information? What is not working well? This includes being open and honest about when things go wrong. Regular monitoring of information storage systems will ensure that if some things are working particularly well in terms of keeping information safe and secure this can be maintained; if not they can be improved.

Protecting the privacy of individuals and building trust

Protecting the privacy of individuals' personal information and safely storing it will mean that you will be supporting individuals' rights to have their personal information kept private at all times. This will help you to form a relationship with the individual based on trust.

Not protecting the privacy of individuals' personal information can have serious consequences as individuals may lose their trust in you because you are not

keeping their information safe. It may stop them from sharing further information with you. Individuals' personal information could also be accessed by those who do not have permission to do so which places individuals in danger and/or at risk of harm and abuse.

What does 'secure' mean?

A secure system is one that is kept locked so that unauthorised people do not have access to it; only those with permission can access a secure system. This may be a filing cabinet full of individuals' paper records that contain information about individuals' background, health, care or support needs, or an electronic system on a PC that contains files full of individuals' risk assessments. The filing cabinet will be accessed with a key that only those with permission can use and the PC or electronic files will be accessed with a password that only those with permission will know.

A secure system is one where the information contained is kept safe from damage in the event of, for example, a fire. Fire is not the only way that paper records can be damaged; electronic systems need to be backed up in the event of PC failure or virus attack that may cause information to be deleted or be prevented from being accessed.

Security and privacy of records

Records that need to be left in individuals' rooms will usually be kept safe in a drawer or cupboard, out of sight. Other records will be held in the file. In residential settings, some records such as the care worker's daily report may be left in the individual's room in a place of their choosing; this might be in their drawer or cabinet. The individual can read the report and their family may also access it with their permission. If a record contains sensitive information, for example about an allegation towards a staff or family member, then a separate confidential report would be made about this.

Manual or electronic?

Below, we discuss the various manual and electronic ways you can use to store information. However, how do you decide whether something needs to be recorded manually or electronically in the first place? In other words, how do you know when you can just write something down, and when you will need to input information into a computer? In order to answer this question, it would be useful to consider the reason or purpose you are documenting the information. For example, you may need to add information about a change in an individual's diet on the daily menu that you give to the cook. The menu may be the best place

to record if this is the record that your colleague is most likely to access. However, there may be further information that you need to include about the individual's health needs. This may include changes to their weight or their condition that need to be taken into account when supporting the individuals with their care needs. In this case, you may decide that updating the individual's main electronic record on the PC is the best way to record these changes because in this way everyone who has access to this will be made aware of the changes and adapt their work practice accordingly. Whatever way you choose to record the information, you must do so securely.



Research it

2.1 The policy in your setting

Research what the records policy in the care setting where you work says about what information must be documented and how. For example, what does it say about the records that you must hand write and the records that you must complete electronically? Why must you complete these records in this way?

Discuss your findings with a member of your team and write notes to document your discussion.

Familiarising yourself with filing systems

Whether files are stored manually or electronically, the setting where you work will have a filing system in place which you will need to familiarise yourself with and learn how to use. Being able to use the system efficiently will only help you in your role if you are able to find and access the information you need quickly and if you have a sound understanding of how files are to be returned and stored. It will also help your colleagues to work efficiently if you are all able to keep an ordered and organised filing system. You might use an alphabetical system to organise your files, or one that uses numbers, or one that is organised by the topic or type of care you offer. Whatever system you use, you are far more likely to be able to find what you are looking for if you and your setting has an easy to follow and organised system in place. It is also important that those who use the system understand how this is to be used, for example where, how and when files must be returned, the importance of returning files and what may happen if files are not returned or are misplaced, who is responsible for handling files – whether anyone in the setting can access the files or if there is a

designated person in the setting that is responsible for the filing system. Whether or not there is a designated person will depend on the setting; the designated person may be an administrator in a care home, or they could be a manager or team leader.

Manual information storage systems that help ensure security

Records that contain handwritten information are stored in a manual filing system. These might include reports about individuals' daily tasks, menus, medication records and activity records. Each care setting will have in place their own arrangements for filing records. For example, records may be stored in a filing cabinet, in lever-arch files in a cupboard or in box files on a shelf. It is important that you know how these are stored in these various different storage systems so that you and others can retrieve them easily when you need them, use them and keep the information they hold safe and secure.

Box files on a shelf may be colour coded to indicate what records they hold, for example, blue for general information on activities, yellow for leaflets on community services, green for useful telephone numbers about care or support services in the local area. Do you know the system used in the care setting where you work for manual records?

Records about individuals that are stored in a filing cabinet may be filed in various ways. They may be stored:

Alphabetically: under individuals' surnames. This may be more effective in smaller settings where you are unlikely to have many people with the same surname. Records about members of the team that are stored in files in a cupboard for example, may be filed alphabetically under team members' surnames.

Numerically: You may have noticed in some settings such as hospitals, individuals have a number alongside their surname. Or their information could be filed under their room numbers.

By topic/area of work or job role: Files may be organised or categorised, especially in large organisations, under job roles of care workers, or services or areas where they work, for example there may be files allocated to individuals with specific needs such as learning disabilities and mental health needs. They may have sub-folders where files are then organised alphabetically or numerically.

Ensuring the security of manual storage systems

Every manual information storage system must be secure, otherwise the personal information it holds may be at risk of being accessed by those who are not authorised to do so. If you think about all the personal information that is held in the manual systems used in your care setting you can begin to see the consequences of this type of information falling into the 'wrong hands' as it could be misused, abused and/or lost. Failure to comply with legal requirements for handling information and records correctly can also mean that the organisation you work for may be fined and that you may also lose your job.

It is also important that you do not take personal information about individuals anywhere with you as you could accidentally misplace or lose this, meaning other people have access to the information. For example, if you are supporting an individual to learn how to travel independently on public transport it is important that you do not complete your daily records while travelling; you can do this safely when you return to the care setting. The consequences of losing information could be serious. 'Identity theft' is a crime and has become a bigger issue in recent years. This is when people steal other people's personal details to commit fraud. They may pretend to be that person in order to buy goods or get loans in that person's name. This has increased with the sharing of information on the internet which means that the protection of all personal data has become a very important issue.

Manual systems can be kept secure in a variety of different ways. Here are some examples of how:

- **Filing cabinets:** the security of records and the information they contain can be maintained by ensuring all filing cabinets are lockable and are locked at all times when not in use. Keys to filing cabinets can be kept safe if they are held by nominated people only and are kept with them at all times whilst at work. For example, in the care setting where you work this may be you or a senior colleague. The filing cabinet can also be located in a private area such as in an office rather than in a communal area such as an entrance hall.
- **Drawers and cupboards:** when storing records that contain personal information in drawers and cupboards these also should be lockable. For example, in an individual's home it may be that their bedside drawer is lockable and therefore they may decide that this is where they would like their daily notes kept. Cupboards that hold information and records in files and/or books such as accident forms and health and safety risk assessments can also be kept secure by ensuring that they are locked when they are not in use. In some care settings it may be a requirement for you to document when and why you accessed a record, including who you sought authorisation from to do this.

Is this a requirement in your care setting?

- **Storage areas:** some records such as those relating to individuals who no longer live at the care setting or staff who no longer work at the setting may need to be filed away or archived for a limited period of time when no longer in use. It is important that these are also stored securely so that they can only be accessed by those who have authorisation to do so as they may contain personal confidential and/or sensitive information.
- **Other systems:** other personal information may also be contained in different types of records. For example, a visitors book for documenting who enters and exits the care setting, an accident or incident book for recording accidents and/or incidents that may arise, a communication book for recording telephone messages that are received by the care setting and for recording messages exchanged between team members. It is important that these systems for recording information are also kept secure. You can do this by, for example, ensuring the visitors book is not left wide open on the desk in the entrance to the building for everyone to see, and that the accident, incident and communication books are returned to their allocated areas when no longer in use, for example to the private office, the locked drawer or cupboard.



Figure 6.2 What manual information systems do you know how to use? Which systems do you use in your setting?



Reflect on it

2.1 Manual systems in your setting

Reflect on the security practices you follow when accessing records and personal information from manual systems in the care setting where you work. Are you using your care setting's systems for storing manual records correctly? How do you know you are? Write some short notes to document your thoughts.

Electronic information storage systems that help ensure security

Many care settings and perhaps your own care setting will use electronic storage systems for some or all of the information they hold about individuals, staff and the organisation. Keeping records and information on a computer means that they can be updated easily and accessed quickly when required. They often have the potential to store a lot more information than manual systems and in much smaller spaces as files on a computer take up much less space than files located in a filing cabinet. You are also unlikely to leave electronic files lying around, or misplace them either inside or outside of the setting.

Each care setting will have procedures in place for accessing and using their electronic information system – you should find out if you have an electronic information storage system in the care setting where you work and whether there are any rules for using it that you need to be aware of. It may be that you and others are not used to using the types of computerised systems that your setting has implemented, in which case it is important that you receive guidance and appropriate training in how to develop your knowledge and skills in this area. If you work in an individual's home, you will need to find out what electronic information system, if any, they use and how they use it, including what types of information and records are held on it and whether there are any rules you need to be aware of when using it.

Just as we discussed with manual electronic systems, files on computers may be also be indexed and organised alphabetically, numerically or by topics/areas and job roles. There may be levels of sub-folders that you need to familiarise yourself with so that you can find what you are looking for efficiently and know where to store files.

Like manual systems, electronic systems can also be kept secure in a variety of ways; here are some examples of how:

- **Passwords:** secure passwords to enter computer-based systems can ensure that only those with authorised access do so. For example, different passwords and

security levels can be set for different types of records such as those that contain information about individuals or care records; these may include records about staff members such as supervision records or they may be records that relate to the organisation, for example organisational risk assessments. These records will only be accessed only by those who have authorisation to do so – a care worker, for example, will not require access to another staff member's personal information file but may require access to an individual's care plan. Remember, do not write passwords down.

- **File protection:** files on computers can be protected as a permanent record by ensuring that the information contained in them cannot be deleted or altered in any way. They may be 'read only' files that you cannot edit or change. There may be some records, such as manual handling risk guidelines or health and safety assessments, that can only be read when accessed by the team and can only be updated by a nominated person such as you or another senior colleague.
- **Firewall protected:** computers that store personal details, data and information should be protected by a 'firewall.' This is a piece of software that protects the computer and the information stored on it from people outside who do not have permission to access the network or the stored information. It can also stop people 'hacking' into the computer and stealing information. Hacking occurs when people access a computer without permission, and possibly misuse the information. Firewalls can also stop other internet viruses from infecting the computer. They can be installed as part of anti-virus software which will stop any harmful virus from entering your computer.
- **Anti-virus software and virus scans:** it is important for organisations to protect their electronic systems from viruses that can interrupt, interfere with and even delete personal information held. Computers in your setting (and in the home of the individual you support) should have anti-virus software installed which will stop any harmful virus entering your computer. You may know from personal experience of having a virus on your computer that viruses can harm documents or files that you have stored! You may even have had your computer or laptop repaired and lost files. If while you are using the computer, a security alert pops up on the screen to notify you that a virus scan is required then don't ignore it as doing so may mean that the information you are recording is no longer protected from viruses. You should also familiarise yourself with the rules relating to opening emails in your care setting, for example you should understand the rules around ensuring that they from who you think they are. If you receive an email from someone you don't know,

carefully check the sender's address is valid, and do not click any hyperlinks in the email, in case the sender is trying to gain access to the electronic system where you work. Check your agreed ways of working to find out what they say about this. How serious might it be if a virus infected a computer in your setting? While anti-virus software may not stop all viruses, it is something that should definitely be installed on computers in your setting as this can stop important information and files from being lost or accessed by potentially harmful sources.

- **Screen savers:** computers that have screen savers are useful for maintaining the security of the information stored. For example, if you access electronic records containing individuals' personal information and someone distracts you from what you are reading by asking your advice or sharing a concern, the screen saver can automatically switch on and prevent anyone else seeing or accessing the information on the screen. Screen savers can be set for different time periods, so you can ensure it switches on automatically when the computer is not in use or after a minute of you not using it. A password will very often then need to be entered to be able to access the electronic system again.
- **Information back-ups:** it is important for organisations to back up the electronic information being collated so that it is not lost and can be retrieved when required. Most organisations will back up their electronic systems once a day, usually at the end of the day; some electronic systems back up information on an automatic basis throughout the day – you should find out which system the organisation you work for uses. Most organisations will have a procedure in place for who is responsible for backing up information and how often this will take place. It may be someone at your setting or may be done outside your setting (this will depend on the size of the setting you work in, for example a larger setting or organisation may need to back up and store information externally). You can, for example, backup and store electronic information externally on a hard drive, on a server or in the cloud. Sometimes there may be systems in place where information is backed up with paper copies in case the electronic copies are lost. These should also be stored safely.



Figure 6.3 How do you keep electronic information secure? How do you promote best practice and encourage others to keep electronic information secure?



Research it

2.1 NHS Hacking scandal 2016/17

Look back at the NHS 2016/17 hacking scandal that we discussed at the start of this unit about fraudsters gaining access to NHS patients' records and preventing NHS staff from accessing patients' personal information, including medical records and x-rays. Research what happened by looking at articles available on the internet and think about how such an incident might affect where you work.

Write down findings from your research.

Evidence opportunity

2.1 Features of manual and electronic information storage systems for security

Produce a PowerPoint presentation aimed at the team you lead, that

describes and details the most important security features of both manual and electronic information storage systems in the care setting where you work.

AC 2.2 Demonstrate practices that ensure security when storing and accessing information

For this AC you will be observed on how you ensure security when storing and accessing information in the care setting where you work. You must therefore familiarise yourself with your care setting's procedures to follow when storing and accessing both manual and electronic information. It is important that you know not only the procedures to follow but also the reasons why. In this way, if you are asked for information or advice by a member of your team you can explain and show them good practices to follow when storing and accessing information that are in line with your care setting's agreed ways of working and that comply with legislative requirements and codes of practice.

One of your responsibilities will be to read and understand what your employer's agreed ways of working are in relation to recording and storing information.

- Complying with or following your employer's agreed ways of working correctly will mean that you are following best practice
- Not following your employer's agreed ways of working can have serious consequences for you, your colleagues at work and the individuals you provide care and support to. For example, you may lose your job, you will prevent your colleagues from providing the care the individual needs, and the individual may not have their unique needs met.



Reflect on it

2.2 Processes for storing and accessing information

Reflect on the reasons why you have different processes in the care setting where you work for storing and accessing different types of information.

For example, you may want to think about the different types of information you access compared to others in your team. How might this affect what information you can access and how you store information?

Write a short reflective account detailing your thoughts.

The information in the previous AC will be useful to you here as it will provide you with an understanding of how to use manual and electronic information storage systems effectively so that they help to ensure information remains secure. You should be able to demonstrate this knowledge and understanding in

your skills and behaviours as part of your role.

The ‘dos and don’ts’ table below details good practice and provides you with additional information about ensuring security when storing and accessing information.

Dos and don’ts for ensuring security when storing and accessing information	
Do	Store information correctly, using the system agreed. For example, if an individual’s communication profile is always documented, reviewed and then stored electronically then ensure that you follow this process too. Doing so will mean that others will be able to access the most up-to-date record in relation to the individual’s communication needs.
Do	Store information securely. For example, if you are reading through a team member’s training record in preparation for a meeting with them, then ensure you return their training record to where you retrieved it from and ensure that it is kept secure by locking the filing cabinet afterwards. When you retrieve information, make sure you make it clear that you have borrowed the file by leaving a note to say who has borrowed it and when it will be returned by.
Do	Seek permission to access information about an individual in the care setting where you work, irrespective of whether this information is held manually or electronically. Ensure you familiarise yourself with the process to follow. This may be different for different individuals, for example, depending on the individual’s capacity, and the information you are seeking.

Dos and don'ts for ensuring security when storing and accessing information	
Do	Return files after you have accessed them and return them as soon as possible, to exactly where you got them from.
Do	Access information respectfully. Show consideration towards accessing individuals' and or staff's personal records as they may contain sensitive information; you should ensure you only access information you are allowed to whether this is stored manually or electronically. Treat people's personal information with respect and be empathetic towards how they may be feeling knowing that you are accessing it.
Don't	Use poor practices when storing manual and electronic information. Not filing records correctly, not keeping your password secure, or not logging out after you have used the computer may mean that records cannot be found and that others who do not have permission may gain access to confidential information.
Don't	Rush and forget to store information securely. Not returning records to their secure locations can mean that others who do not have permission to read them may do so. Not ensuring the safe keeping of records can also increase the likelihood of them getting lost.
Don't	Access information without following your care setting's agreed ways of working. For example, if you are unsure about what information you can access and what information you are not authorised to access, don't make assumptions. In this way you will be showing your professional duty to handling personal information correctly.
Don't	Access information that you do not require. For example, if you require information about an individual's interests so that you can support them in actively participating in different activities do not access additional information about their family history or their health. Only access the information you require and for the purpose you intend to use it for.
Don't	Make copies of documents, whether these are paper-based or electronic copies. You may not be able to keep track of where the other copies go and who handles them. Make sure that information is not duplicated unless absolutely necessary. If copies are needed, allocate version numbers to them and then once they are no longer required you can delete/destroy the previous version.
Don't	Edit and make changes to any file unless you are allowed to. This includes moving pages around, removing information or moving folders and files around in an electronic system. This may mean that others cannot find what they are looking for.



6Cs

Competence

In the context of this assessment criterion, competence means that you are

able to ensure security when storing and accessing personal information and promote individuals' rights to have all their information treated with dignity, respect and privacy. You could show this by effectively and efficiently following your care setting's processes for storing manual and electronic records and by seeking permission to access information about individuals and other team members who you support.

Now read Case study 1.1, 1.2, 2.1, 2.2. It will help you to think about how secure practices apply in different care settings and with different individuals. You may also want to think about the similarities and differences there are between Stefan, the individual in the Case study, and the individuals who you support.



Case study

1.1, 1.2, 2.1, 2.2 Ensuring safe storage of individuals' records

Giorgio is a Lead Personal Assistant and is visiting Stefan for the first time to assess his current situation. Stefan is an older adult who has been recently diagnosed with dementia; Stefan lives on his own and requires support with his personal care tasks. During the assessment, Stefan shows Giorgio round his home. Giorgio asks Stefan whether there is anywhere secure that can be used to store his records and any other personal information such as the copy of his risk assessment. Stefan tells Giorgio that he does have a lockable cupboard in his living room but that he lost the key several months ago and has not been able to find it and so suggests to Giorgio that his personal information could be left out on his coffee table, the only table he has in his living area.

Discuss:

- 1 How do you think Giorgio should respond to Stefan? Why?
- 2 How can Giorgio protect Stefan's personal information?
- 3 What legislative requirements apply to Stefan's situation?
- 4 What codes of practice apply to Stefan's situation?



Research it

2.2 What if there is a breach of security?

Research what the records policy in the care setting where you work says about what you should do if there is a breach of security when storing and accessing information. For example, you may identify that a member of the team has not followed the required processes for maintaining and keeping an individual's personal information safe, or has tried to access an electronic information system without authorisation.

Discuss your findings with a colleague and make some notes to document your discussion.

Evidence opportunity

2.2 Practices that ensure security when storing and accessing information

Using secure practices, demonstrate to your assessor how you store and access:

- two pieces of information about an individual with care and support needs
- two pieces of information about a team member.

You will need to show that you can store information both manually and electronically.



Reflect on it

2.2 Communication: how do you receive and pass on information?

Think about the different ways in which you receive and pass on information before you are in a position to record and store the information. Is this verbally by telephone, face-to-face? Is this electronically via email, fax or text or instant messaging? Through the post? Do you also use these methods to share information?

What are the advantages and disadvantages for each method? What communication issues are there for different methods? For example, emails

may be a quick way to share and pass on information, but they do not allow you to observe the person's reactions and facial expressions, meanings may be misinterpreted as a result, and files could accidentally be shared or forwarded to people you did not intend to send to.

Think about the things you need consider with regard to the different methods you use for receiving and sharing information. What are the advantages and disadvantages of each method? What are the rules you have to follow with regard to confidentiality?



Research it

2.2 Policies and procedures

Research the policies and procedures (agreed ways of working) for receiving and sharing information.

What does your setting say about handling post? What post are you allowed to open, for example?

How about any confidential information you receive via email? What are the rules regarding this?

What if you receive an email by mistake, how are you expected to deal with this?

Write down your thoughts and findings.

AC 2.3 Maintain records that are up to date, complete, accurate and legible

For this assessment criterion you will be observed on how you maintain records in the care setting where you work to ensure that they are **up to date**, **complete**, **accurate** and **legible** (see page 278 for definitions). All the records you complete as part of your job role are legal documents and a permanent record of what has happened. It is therefore important that when you complete records you do so correctly and effectively, however the information has been communicated to you (whether this is verbally in person or over the phone, electronically via email, fax or text message, or in paper format via a letter, for example). Doing so will mean that you will be able to show that you are:

- **complying with legal requirements:** for example, the requirements of the GDPR 2018 and other legislation you learned about in LO1
- **complying with organisational requirements:** for example, the agreed ways of working, the policies and procedures for maintaining records effectively in the care setting where you work
- **complying with your duty of care:** in relation to handling information this includes promoting people's rights to privacy, confidentiality, safety and well-being
- **complying with your responsibilities:** for example, by providing accurate, reliable and clear information about individuals or team members to others such as GPs or your manager who may need to access it promptly.



Key terms

Up-to-date records contain current information.

Complete records contain full details and all the information that is necessary.

Accurate records contain factually correct information.

Legible records are written in a way that they can be easily read and understood.

Maintaining up-to-date records

Always add date and time to records

You can keep records that contain up-to-date information by ensuring you always date the written or computerised records you make, and include the time, so that if you or someone else needs to refer to them at a later date you can check when the record was made and therefore whether the information you recorded at the time is still current or needs to be added to. For example, you may have recorded in an individual's care plan that the individual has recently returned from hospital after sustaining a fall and is now using a walking frame indoors. This information may no longer be up to date in two weeks' time; the individual may, for example, have recovered well from their previous fall and may no longer be using a walking frame indoors. By updating your first entry and dating both entries you will be able to communicate clearly to others in your team the individual's care needs and the support they require at that particular time and ensure that the individual receives safe and effective care that meets their needs. In addition, recording information in records as soon as possible after something has happened will ensure it is current and you will be less likely to forget to include important details. In safeguarding or emergency situations the timing of the records is important.

Record information as soon as possible

You can do this by making an entry into an activity record as soon as you have completed an activity such as cooking a meal with an individual and any relevant information. This means that you are unlikely to forget important information or 'mix up' information, especially if you are providing support for more than one individual.

Record information regularly and consistently

You could, for example, make an entry into the daily report at the end of every shift. This will also help to ensure that your records are up to date as they will log or document the individuals' progress and the care they have received. You should also ensure that you document information consistently, for example by documenting information about an individual in all the records that you use for that individual.

Update records with changing needs and preferences of team members and individuals

Maintaining records that are up to date is also important for establishing the current needs of the individuals you care for and the team you lead. For example, ensuring that you update a team member's training record will mean that you will be able to plan how to meet their training needs effectively and ensure that

they have received all the training that they require to carry out their role safely and effectively.

Not updating an individual's record can mean that individuals' information becomes out of date and does not provide a true picture of the support they require, the care needs they have, and their preferences for how they want to live. This may then mean that the care and support you provide does not meet an individual's needs and can result in it being unsafe.

Update records to help families understand the care that individuals receive

Keeping records that are up to date will instil confidence and show you and your team's professionalism when providing care to individuals. For example, individuals' families may request an update of an individual's condition or progress with a task they are learning such as cooking – imagine how it may feel to not receive up-to-date information about their relative and how the team member may feel to not be able to provide it?

Maintaining complete records

Include sufficient and relevant detail

You can keep records that are complete by ensuring that when you document information it contains all the necessary details. Too many details and it may be difficult for others to understand what you are trying to say; insufficient details and you may not have included all the relevant details that the next person who accesses the record may need. For example, when completing a risk assessment in full before supporting an individual to go shopping, you may like to clearly record the hazards you identified, potential risks and the ways you and the individual agreed to use to manage these.



Reflect on it

2.3 Up-to-date information

Reflect on an occasion when you were asked for information about an individual's care or support needs. Were you able to provide this information? Was it up to date? How do you know it was up to date? Did you carry out any checks? Why?

Keeping records that are complete is important because not doing so can mean

that important information about, for example, a change in an individual's health condition may not be recorded. This can mean that the individual is not provided with the correct care and their health condition may worsen as a result. Not writing records completely can therefore have serious consequences for individuals but can also mean that you risk putting your own job and career at risk.

Sign and date documents

Ensuring that records are complete also involves including your signature and the time and date at the end of what you have written – not only does this show that you have written everything you wanted to but also means that no one else can add anything else to your entry at the end. Records that are signed and dated will also reflect their authenticity and will make it easy to refer back to the person who completed them if, for example, more information is required or something needs to be clarified.



Reflect on it

2.3 Complete records

Read through the two entries in [Figure 6.4](#). These are examples made by a Lead Personal Assistant in a communication book about the support provided to an individual. Reflect on how complete they were and, more importantly, how effective you think they were and the reasons why. You could think about what the main message being conveyed is and whether there is sufficient information provided.

23/01/2018 Provided J with the usual support this morning. All is fine. J's sister requested the time of J's hospital appointment next week.

24/01/2018 J feeling unwell this morning and stayed in bed. Discussed with J the reasons why she was feeling unwell, she explained that she had a headache. I asked J whether she would like to book an appointment with her GP. J refused but requested that I inform her sister. I informed her sister immediately over the telephone. J's sister will be visiting J this afternoon at 2pm to see how she is; I informed J of this. Please can you ensure that you check how J is when you provide her with care this evening and inform the office before you leave.

Figure 6.4 Examples of entries in a communication book



Research it

2.3 Maintaining complete records

Research two records that you have completed as part of your daily responsibilities in the care setting where you work. For example, these may be contained in a document or in a book. Read them through and check whether they are complete. Explain to a colleague why they are complete. If they're not complete, what information is missing and what could you do to improve your record-keeping in the future?

Record details as soon as possible

Recording details as soon as possible after, for example, a task or an accident will mean it is less likely that you will forget details and will ensure that you include all the important information to provide a true picture of what happened.

Maintaining accurate records

Writing accurately into records is very important for ensuring that all information included provides a true picture of what really happened. Not doing so can mean that important decisions about individuals are made and based on inaccurate information. For example, if an individual has a fall it is important that you record what happened accurately, including the date, the time, how the fall happened, what injuries were sustained, what actions you took and whether there were any witnesses. In this way, the record will provide a true picture of how the accident happened and how the individual was supported. This will help to ensure your records are accurate. The Data Protection Act allows people to view any information/records held about them and so it is important to ensure the information you include is accurate, as well as complete and legible.

Differentiate between facts and opinions

You can keep records that are accurate by ensuring that you document the facts. It is fine to include opinions, but you must identify them as such, and they must be based on evidence – you should be able to justify (provide clear reasons for) what you have written. Accurate records mean that to the best of your knowledge they contain information that is true and based on fact or evidence. Basically, the record must clearly state what you have seen and/or heard, and if you include any opinions, you must support them with evidence and clearly state that this is an opinion.

Relate to the individual only

You should also ensure that you only write about the individual and not anyone else in their notes, so it is clear that the information relates to that individual only. This is true in most circumstances and you should follow your agreed ways of working and organisational procedure where another person is involved in the situation you need to record. For example, if there has been a disagreement between two individuals, the names of the individuals need to be recorded on both sets of daily logs.

Record details soon as possible

Updating records as soon as possible after, for example, a task has been completed will mean that you will be more likely to include only the most relevant and important information.

Include all relevant details

Accurate records will have a positive impact on individuals' safety and well-being. They should reflect the current state of the individual, what they have told

you about how they are feeling, whether they have disclosed any information and exactly what they have told you. If this information is not recorded accurately, this may lead to individuals not being safeguarded, they may be at risk of danger, harm or abuse or not having their needs met and their well-being promoted. For example, recording that an individual has lost 3 kg in weight in one week will lead to a concern being raised about the individual's well-being and a request for the individual to receive medical attention quickly so that the reason for the weight loss can be established and their dietary needs can be reviewed; it may be that the individual requires additional food supplements or additional support with their eating. Including the relevant information on an individual's support plan will mean that the key areas of support are clear and understood by your colleagues so that they can provide consistent care.

By contrast, if you record that 'it appears' or 'you think' an individual may have lost some weight but do not provide specific information in your record about how much weight the individual has lost and over what period, then your record may not be perceived as urgent or requiring any action and hence be overlooked. In addition, using vague language such as 'it appears' or 'I think' implies that this is your personal opinion rather than the facts.

Including inaccurate information in your records could therefore have disastrous consequences for the individual – their condition and health may continue to worsen and could even lead to death and you will have failed in your duty of care. This will in turn put your own job and career at risk. The individual's family may decide to complain about this serious failure in care, which may in turn put the organisation you work for at risk of being unable to continue to provide care to individuals with care needs. These are, of course, worst-case scenarios, but they all illustrate the importance of recording information accurately to ensure that individuals receive the most effective care and support possible.

Maintaining legible records

Keeping records also means that you must ensure that all information you include is legible. This means that individuals, your colleagues and others accessing your records must be able to read your handwriting and understand what you have written. Not doing so may mean that important information about individuals is not understood, that misunderstandings arise and that the required care and support are not provided when individuals need this. It also means that colleagues may spend more time trying to work out what you have written. How would you feel if you accessed a record and could not read what was written?

Would this make you worried that you may miss important information simply because the writing was not clear and legible?

Write clearly

You can keep records that are legible by ensuring that they are written in a way that they can be read easily by others. This means that if you are hand writing records or using the computer to do so, that your handwriting and the typeface must be clear so that it can be read easily and quickly by others. If not, then again you risk not being able to share important information about either an individual or a team member with others which can in turn mean that their needs remain unmet.

Write concisely

Try not to write too many paragraphs. Bullet points are often a good way to convey information and will save time for the next person who needs to read the records. You should cover all important and correct information, and be clear but if you can be concise, even better!

Clearly delete errors

If you make an error when you are hand writing a record, ensure it is crossed out clearly with a single line struck through it so that it is evident that you have made an error and also so that what your original entry can still be read; this is important in case of the information being referred to at a later date.

Use permanent ink

Some records such as an individual's daily report must be written in permanent ink so that they can be read but also so that they cannot be altered or deleted.

Ensure records are grammatically correct

Keeping legible records ensures that they can be understood by others easily. This means that records must be free from spelling and grammar errors. Writing in complete sentences and having good punctuation will also help the information contained within records to be understood. Not doing so can lead to misunderstandings and inaccurate information being passed on. If you are writing records on a computer, then you can make effective use of the spelling and grammar check tools that are available. If you are hand writing records, then it is a good idea to proof read them carefully when you have completed them, or ask a colleague to do so for you.

Evidence opportunity

2.3 Maintaining records that are up to date, complete, accurate and legible

Demonstrate to your assessor the techniques you use in the care setting where you work to ensure the records you keep are up to date, complete, accurate and legible.

Discuss how effective the techniques are that you use. How do they compare to the techniques others use in the care setting where you work? Are there any improvements that you can make to the way you maintain records? You might like to write notes to document your discussion.

AC 2.4 Support audit processes in line with your own role and responsibilities



Key terms

Audit processes in this unit, refers to the inspection or assessment of processes for handling information. To audit means to inspect, monitor or assess. An audit process may be a more formal inspection of a company or the accounts that it holds, and a check to ensure that the information is recorded fully and accurately. They will check that there are no errors or omissions. This will help the setting to improve their records and how information is documented and will mean that information will be recorded more accurately leading to improved care and support and less likelihood of errors being made.

For this assessment criterion, you will be observed on how you support **audit processes** as part of your agreed job role and responsibilities in the care setting where you work. The organisation that you work for will have in place specific practices that you are expected to follow for handling information. These will be set out in the organisation's policies and procedures and will be reviewed to ensure that they remain up to date and reflect current legislation and codes of practice for the safe and effective handling of information. Your organisation will monitor that you and other members of the team are complying with these. They will also monitor how effective the practices for handling information in the setting are.

Care Quality Commission (CQC) inspections

In addition to the requirements of the organisation you work for, all registered providers of care are also inspected by the **Care Quality Commission (CQC)** to check that they meet the minimum standards of quality and safety; this includes the safe and effective handling of information. The CQC inspectors visit providers of care services so that they can observe the care being provided to individuals but also so that they can read and review the organisation's policies, procedures, records and documents that hold personal information in relation to, for example, individuals' needs, including how they are documented and met. Inspectors will also take the opportunity during their visits to speak to and listen

to the experiences of individuals and others who work and/or visit the care setting. In this way they can build up a picture of how effective the systems in place are; this could, for example, be those in relation to handling information as well as other systems that support the care being provided to individuals.

CQC inspections are based on five questions that they ask of all providers of care; these are then further broken down and referred to as the key lines of enquiry:

- 1 Are they safe?
- 2 Are they effective?
- 3 Are they caring?
- 4 Are they responsive to people's needs?
- 5 Are they well-led?

In terms of relating the five questions to handling information you could, for example, ask yourself the following:

- 1 Do you maintain the security of individuals' personal information to ensure that you protect individuals from abuse and harm? How?
- 2 Do you complete your records fully and accurately so that you can provide individuals with safe and effective care and support? How?
- 3 Do you treat individuals' personal information with compassion, dignity, kindness and respect? How?
- 4 Do you handle all information effectively so that it meets individuals' needs? How?
- 5 Do the procedures and systems in place for handling information enable you to deliver high quality care and support to individuals? How?

How many of these questions did you answer 'yes' to? It is also important to be able to provide evidence of how you are handling information effectively in your work setting. This may be gathered by the CQC inspectors observing you while you work or speaking to the individual you provide care to and/or their relatives, or they may review records that you have completed. It is important therefore to ensure that your practices for handling information are consistent and apply good practice at all times.



Key terms

The **Care Quality Commission (CQC)** is the independent regulator of all

health and social care services in England. The CQC inspects, monitors and rates adult social care services in terms of their safety, effectiveness, care and management. It checks that the care and support services provided are safe, effective, caring, responsive to people's needs and well-led, and then documents its findings in a report that is made available to the public.



Figure 6.5 How do you comply with inspections?

If you work in the individual's home

If you work for a care setting that is not registered as a provider of care and therefore not inspected by CQC, for example if you are a carer for an individual in their own home, then you are still bound by the requirements of relevant legislation and codes of practice. The individual you provide care to may have additional requirements that they wish you to comply with and so you must also familiarise yourself with these.



Commitment

Commitment means to be dedicated. In this AC it would involve you being dedicated to ensuring that you and the team you lead handle information in

effective and efficient ways and are able to support the audit processes. You can show your commitment by working with your employer’s agreed ways of working for recording, storing, accessing and sharing information as discussed in this section.

Courage

Courage in this AC would involve you making sure that you speak up for individuals if you are aware that they or their personal information is at risk of being placed in danger, harmed or abused. It is your duty of care to ensure their safety and well-being, including when it comes to information that is about them, or personal or confidential to them. You can show your courage by always reporting immediately any concerns you have about individuals’ personal information being recorded, stored, accessed and/or shared. In this way you can ensure that you are safeguarding them and their information and not placing them in any further danger.

[Table 6.3](#) is a useful checklist that you can use to assess how effective you are in supporting audit processes for the effective handling of information where you work. It will help you to raise your awareness of your role in the audit process and think about your responsibilities for handling information, including what to do if you have any questions or concerns about handling information.

Table 6.3 Checklist for supporting audit processes for handling information

Checklist for supporting audit processes for handling information	
Recording information	● Do you know what records you are responsible for completing? ● Do you know how to access the records you are responsible for? ● Do you know when to complete these records? ● Do you know how and why you must complete these records? ● Do you know who you must report to if you have any concerns about the recording of information? ● Do you know about issues such as confidentiality when recording information? Do you know how to comply with data protection legislation and the General Data Protection Regulation (GDPR) 2018 when it comes to recording information?

Checklist for supporting audit processes for handling information	
Storing information	● Do you know how to store manual records you are responsible for? ● Do you know how to store electronic records you are responsible for? ● Do you know the reasons why manual and electronic records are stored in this way? ● Do you know how to keep secure all the records you are responsible for? ● Do you know who you must report to if you have any concerns about the security of stored records? ● Do you know about issues such as confidentiality when storing information? Do you know how to comply with data protection legislation and the General Data Protection Regulation 2018 when it comes to storing information?
Accessing information	● Do you know how to access manual records you are responsible for? ● Do you know how to access electronic records you are responsible for? ● Do you know the reasons why manual and electronic records are accessed in this way? ● Do you know how to seek an individual's consent to access their records? ● Do you know who you must report to if you have any concerns about accessing information or security around accessing information? ● Do you know about issues such as confidentiality when accessing information? Do you know how to comply with data protection legislation and the General Data Protection Regulation 2018 when it comes to accessing information?
Sharing information	● Do you know what information about individuals you can share with others and the reasons why? ● Do you know what information about individuals you cannot share with others and the reasons why? ● Do you know when information can be shared with others? ● Do you know the checks you must make before sharing information with others and the reasons why? ● Do you know who you must report to if you have any concerns about sharing information? ● Do you know about issues such as confidentiality when sharing information? Do you know how to comply with data protection legislation and the General Data Protection Regulation 2018 when it comes to sharing information?



Reflect on it

2.4 Your strengths and weaknesses

Reflect on how effective your working practices are in terms of the requirements that your organisation has in place for the handling of information as part of your day-to-day role and responsibilities. What are your strengths? What are your weaknesses? How can you develop your strengths and improve your weaknesses? Present your findings as a SWOT (strengths, weaknesses, opportunities, threats) analysis.

Evidence opportunity

2.4 Supporting audit processes

Show your assessor how you follow good practices in line with your current job role and responsibilities for handling information. Show them how you support audit processes in line with your own roles and responsibilities.

LO3 Be able to support others to handle information

AC 3.1 Support others to understand the need for secure handling of information

For this AC you will be observed on how you support **others** to understand the need for secure handling of information. As you have already learned, you have an important role to play in the handling of information. As a Lead Adult Care Worker or Lead Personal Assistant you will also be responsible for supporting others to handle information effectively in the care setting where you work. This will ensure that not only are you implementing good practices but that your team members are too. After all, if a CQC inspection takes place at the setting where you work they will not only be interested in reviewing your practices for the handling of information, they will want to gain a true picture of how the whole team, including visitors to the care setting and the individuals themselves, handle information and are complying with the procedures and systems in place.

Support team members and colleagues

Your team members and colleagues may not have full understanding of the need for the secure handling of information. You may find that they do not understand the reasons why security is very important. You can support them by explaining to them the reasons why they must comply with, and the consequences of not complying with, the systems in place in the setting, and this explanation should include the legal and organisational requirements. You could provide this information to your team members and colleagues in a variety of ways; this could be formally through training sessions, team meetings and one-to-one support meetings. You could also hold discussions with your team members and colleagues to reinforce the need for the secure handling of information and provide them with information updates and examples of good practice you have read about or heard about locally or in other care services. You can also reinforce the need for the secure handling of information by carrying out your role and responsibilities to the best of your ability.



Reflect on it

3.1 Supporting your team

Reflect on an occasion when you provided support to a team member or colleague in relation to the secure handling of information. What happened? What support did you provide? How effective was your support? Why?

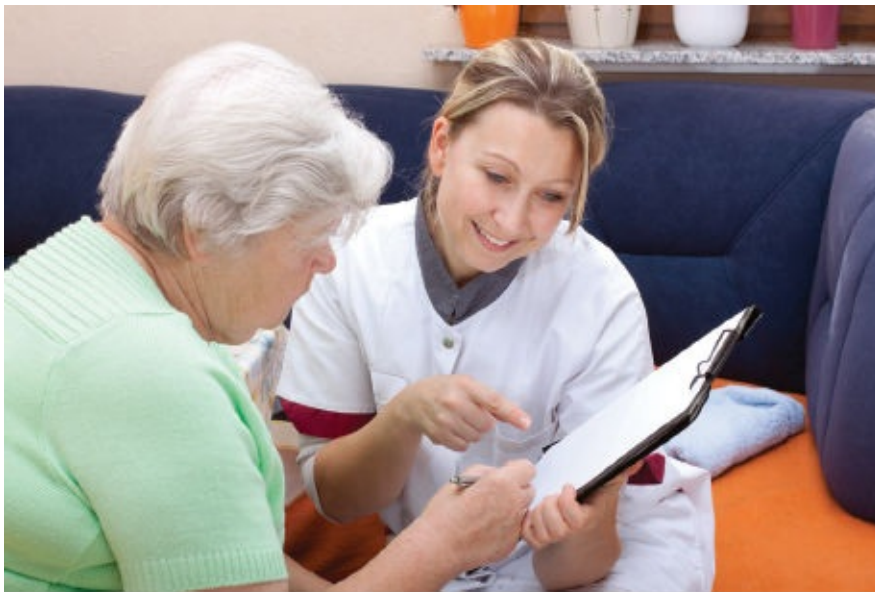


Figure 6.6 What type of support do you provide to individuals when handling information?

Support individuals

The individuals you care for and support may not be fully aware of their and your responsibilities in relation to the need for the secure handling of information. For example, they may think this only applies to you and your team members and not to them. They may also not fully understand the reasons why securely handling information is so important and what type of information needs to be handled securely. You can support individuals by making this information available to them. This might include informing them of the ways in which they can protect information about themselves and the importance of doing so; it might include telling them about what information is held about them, where it is kept and how it is kept secure. Remember that the way that you inform them will depend on their needs. For example, an individual who has sight loss may prefer for you to talk to them about this. An individual who has

hearing loss may prefer you to write the information down or use sign language when you explain this to them. An individual with a learning disability may require their advocate to be present when you are explaining this to them using a combination of words, pictures and signs. Remember that all information can be easily forgotten and so it is useful to ensure that you reinforce the need for the secure handling of information at different times and in different ways, for example you could do this regularly, on a one-to-one basis, at group meetings or at social occasions.

Working in a compassionate way

The individuals that you care for also need to be confident that the information that they give to you will be recorded and safely secured. This involves showing compassion when handling their personal information – in other words, thinking about how you would feel if it were your personal and private information and how safely and securely you would want it to be handled. If individuals do not trust that this will happen, it could stop them from giving you information or affect the things that they decide to tell you.

It is important that individuals in your care setting understand that you will only share the information they have given you if you have their permission to do so. Any information that you do share about them, with your colleagues or other professionals, will only be shared in private to ensure its confidentiality and that it is on a need-to-know basis (this is covered in Unit 303, [AC 4.1](#)).

When deciding what information can be shared and not shared on a ‘need to know’ basis, the individual’s personal situation must always be taken into account as well as their best interests. You can only do this if you know the individual. When making a decision to share or not to share information on a ‘need to know’ basis, the pros and cons must be fully explored, and a decision made in the individual’s best interests only.

You will also need to keep in mind any capacity issues – does the individual have capacity to make the decision to share or not share details? The issue of capacity is covered in Unit 307, Promote person-centred approaches in care settings, [AC 3.1](#).

It is important the individual understands that sometimes you have to share information about them without their permission – a process referred to as ‘breaching confidentiality’. This might be, for example, when an individual tells you that they are going to harm themselves or someone else. You would need to share this kind of information without their permission, probably with your

manager, because not doing so may mean that they will put themselves and others in danger, something that you cannot allow to happen.

Compassion is central to keeping individuals' personal information secure as doing so involves showing your kindness towards individuals and upholding their rights to dignity, respect and being taken seriously. See [AC 3.2](#) and the 6Cs box on page [289](#) for more information on compassion and how it relates to handling information.



Compassion

Compassion here means being able to provide care and support with kindness, when working with individuals' personal information. In order to do this, you will need to be able to empathise, and understand what it is like to share your own personal information, and how you would like it to be treated. What would it be like to have your personal information shared without your permission? How would you feel if your personal medical records accidentally went missing?

You should show individuals that you care about and understand that their personal information is important and must be treated sensitively at all times. You can do this by thinking about the words you use when sharing written and verbal information about individuals; they should be respectful, positive and appropriate. For example, you can show respect by asking them if they are happy for information to be shared with others.



Research it

3.1 Communicating the need for security

Research how maintaining the security of information in your care setting is communicated to the individuals with care or support needs. Write down all the different methods used. Which ones are most effective? Why?

Support families, carers or advocates

Individuals' families, carers and advocates may also require support from you to

understand the need for the secure handling of information in the care setting where you work. For example, a family member may want to know how best to access their relative's file, who to approach or when it is best to discuss their relative's care or support with you. They may also have questions about recent legislation changes such as the General Data Protection Regulation (GDPR) 2018 and what it means to them and for their relative. They may want to ask you about what happens to their relative's records if their relative moves or passes away.

You will also need to decide how to communicate this information to them. You may decide that this is best done through a written communication such as an email or a letter – remember if you select this as a method, you should ensure the information you provide is up to date, complete, accurate and legible. Other families, carers or advocates may prefer to speak to you face-to-face about this, so you could make arrangements to speak to them as a group or individually, if you think this will be more appropriate. Be prepared to be able to answer any questions they may have, and if you can't answer their questions be prepared to find out the answers. You could also signpost them to other useful sites for more information such as CQC or the Information Commissioner's Office's (ICO, see page [266](#) for more information) website and even to the person responsible for data protection in the care setting where you work.

Evidence opportunity

3.1 Support others to understand the need for secure handling of information

Show your assessor how you support others to understand why it is important to handle information in a secure way. You could work with an individual and their family and show how you support them to understand the need for the secure handling of information. Think about the methods you are going to use – why will you use them? Think about any questions they may have – how you are going to respond to them?



6Cs

Communication

Supporting others to understand the need for the secure handling of

information involves you being able to communicate effectively both verbally and in writing with different people; doing so is central to working effectively and in partnership with others. Communicating effectively with others and being able to show that you have the relevant knowledge about handling information will mean that they feel they can approach you when they do not understand an aspect of a record, for example, and ask you for advice. It can also mean that others will be more likely to want you to support them with contributing to their records. In this way you can show them good practices when understanding and contributing to records.

AC 3.2 Support others to understand and contribute to records

For [AC 3.2](#), you will be observed supporting others to understand and contribute to records.

Supporting **others**, such as your team members, colleagues, the individuals, their families, carers or advocates to understand and contribute to records can mean that you are able to promote effective handling of information in the care setting where you work. Knowing that others will also be accessing and using the information that you record will mean that you are more likely to include only relevant information as well as ensure that the records you are keeping are up to date and accurate. If others are able to understand and contribute to records in a consistent way, the team will be gathering more authentic information and will therefore be able to use this to provide more effective care that meets individuals' care or support needs because fewer misunderstandings will arise. You will also be able to form good working relationships as you will be seeking others' involvement.

How to support others to understand records

It is important for others to be able to understand records being completed, particularly if they are about them. In this way you can ensure that you are promoting their rights to understand the information contained within their records or those that they represent. You can support others to understand by ensuring you:

- **make information available in a format they can understand:** you may, for example, need to adapt how you provide information; once you have got to know the person, you will have a better understanding of what format to make this available in
- **explain the purpose of the record:** ensure you fully explain what the record is, what it is used for
- **explain what will happen to the information obtained:** ensure you fully explain what the information you obtain will be used for and seek their consent to do so
- **show others the records you have to complete:** make sure that you involve others and show them the information you are required to complete, so they can begin to understand the reasons why the record is important and how it is used



Key terms

Others will include team members, colleagues, individuals accessing or commissioning care or support, families, carers or advocates. You will need to ensure that you can support these different people to understand and contribute to records. Look back over [AC 3.1](#) on supporting others to understand the need for secure handling of information.

- **provide information, advice and guidance:** ensure you provide any additional information others may want to know about the record, including answering any questions they may have, such as: how often does the record have to be completed, who sees it, how long is the information kept for, and any concerns they may have regarding its security or who the information is shared with.

How to support others to contribute to records

It is also important for others to be able to contribute to records or at least to be given the opportunity to contribute to them. In this way you can ensure that you are promoting their rights to being consulted and involved in records about them or those that they represent. You can support others to contribute to records by ensuring you:

- **make records accessible:** ensure they are available and presented in a way that they can use and understand
- **explain the benefits of contributing:** for example, reinforcing how contributing to records will mean that they are in control of the information collated and documented and in ensuring that it is accurate and up to date
- **explain their rights to contribute to records:** for example, promote their rights to be treated with dignity and respect with respect to the handling of information contained within their records
- **show others how they can contribute to records:** for example, include comments about individuals' care and support (in the daily report or in individuals' care or support plans, for example), complete the records with them, and review the records with them
- **provide information, advice and guidance:** for example, discuss the options available for them to contribute to records (as mentioned above). You could also look at and read through the records you make, ask them for their comments and you could record these. You could also include their feedback

on aspects of the records that worked well and those that didn't work as well.

The benefits of others understanding and contributing to records

By understanding and contributing to records, those involved in the individual's care and support will feel involved and consulted. This can lead to improvements in the accuracy of the information being collated and documented because others will be able to raise any issues or suggestions they have. This collaborative way of working will more likely lead to them asking you questions, discussing their ideas and suggestions with you and therefore help to improve working relationships.



Reflect on it

3.2 Skills and qualities for supporting others

Supporting others to understand and contribute to records requires specific skills and qualities. How many of the following skills and qualities do you have, and which ones do you think you need to improve on to be able to support others to understand and contribute to records more effectively?



6Cs

Compassion

Compassion, in this AC, refers to being able to support others to understand and contribute to records with kindness. In order to do this effectively you will need to be able to empathise so that you can understand how it feels to have others share your personal information and the expectations you have for how you would like to be treated. You can show individuals and others that you understand the importance of supporting them to understand and contribute to their records; you could even explain this to them. You can also work in a compassionate way by involving them and explaining the benefits of them being involved and contributing to records. For example, you could explain that by contributing, they will feel more in control of how their information is dealt with. All of this will also allow you to build a good working relationship with them.

Care

Care, in this AC, involves you showing that you have a genuine interest in ensuring that you provide high quality care and support and that everything you do in your job role is focused on enabling the best possible outcomes for individuals. You can do this by supporting others to handle information using positive and respectful ways that are in line with your employer's agreed ways of working.

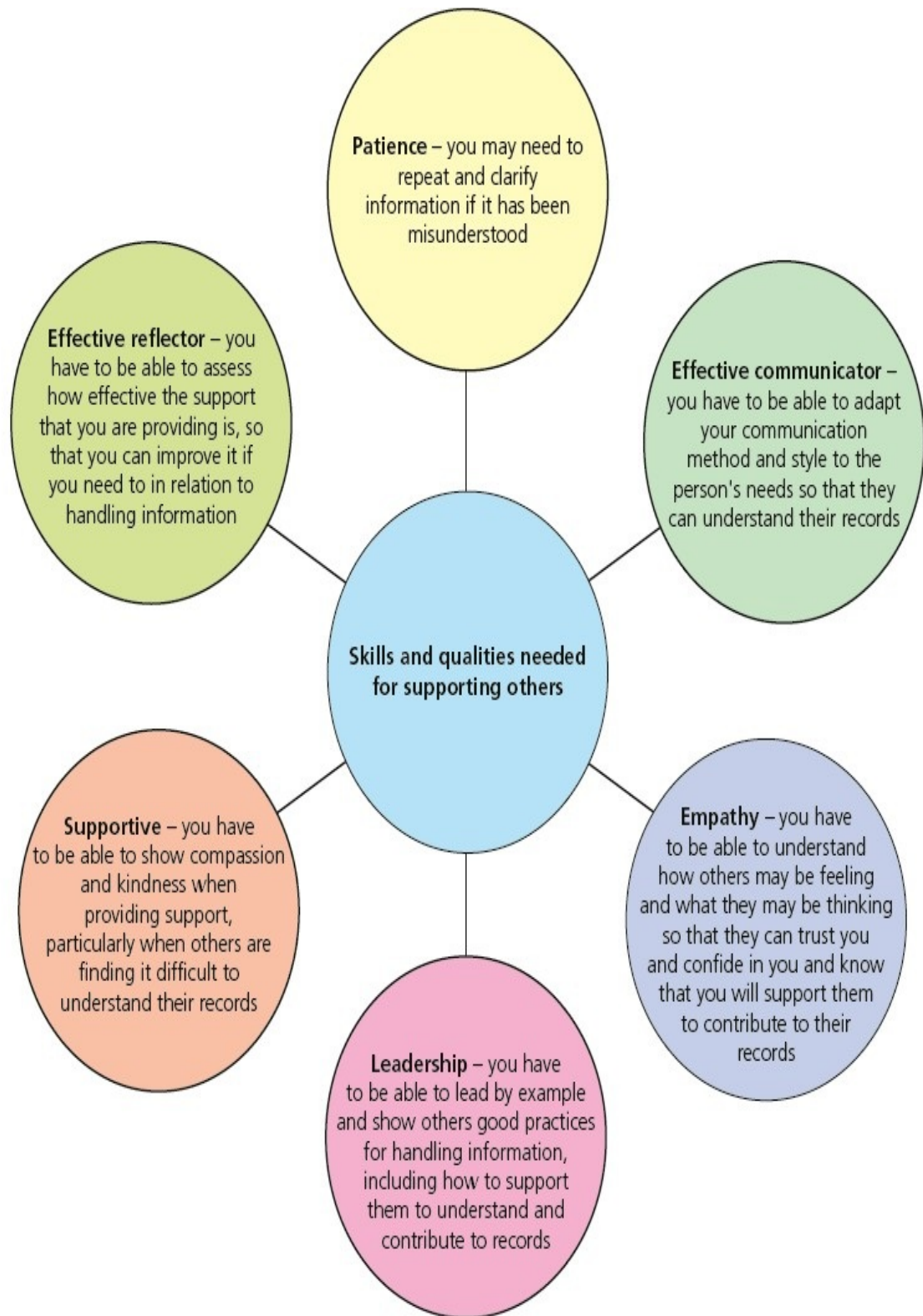


Figure 6.7 Essential skills and qualities for supporting others

The reflective exemplar provides you with an opportunity to further reflect on

the impact that supporting others to understand and contribute to their records can have.

Reflective exemplar

Introduction	I work as a personal assistant providing one-to-one support to Dylan, a young man who has autism.
What happened?	Dylan asked me whether he could get more involved in the review meeting that has been arranged to discuss his support needs. The meeting will be attended by Dylan's parents and social worker. Prior to the meeting I showed Dylan a copy of his care plan that will be discussed and reviewed at the meeting. We went through each section of his care plan and discussed why the information contained on it was important. After reading through each section I gave Dylan the opportunity to ask any questions and confirm whether he agreed with the information contained. The section of Dylan's care plan that contained information about the support he requires with day-to-day activities required updating. Dylan explained what areas were out of date and what additional needs he had such as the support he would like with booking a taxi so that he can access his local gym twice a week. At the end of our discussion Dylan looked happy and he told me that he was really looking forward to the review meeting next week and that he didn't feel scared about it any longer.
What worked well?	It was pleasing to see Dylan take an interest in his care plan and want to actively contribute to the record. Providing Dylan with the opportunity to contribute to his care plan, ask questions and take the lead in deciding the information that was no longer current meant that I was promoting his rights to be an active participant in his care and support.
What did not go as well?	I hadn't fully appreciated how Dylan was feeling about his review meeting, i.e. that he was scared. I should have taken the opportunity when he mentioned this to me to explore why he thinks he was feeling that way and how this compared to how he was feeling after he discussed his care plan with me prior to his review meeting.
What could I do to improve?	I think I will need to reflect on how I could have empathised with Dylan over how he was feeling about his review meeting. After his review meeting has taken place I will have a post-review meeting discussion with Dylan and find out how he thought the process went, what worked well and what could have improved. I plan to reflect on his feedback and use this to improve how I support Dylan to understand and contribute to his records.
Links to unit's assessment criteria	AC: 3.2

Evidence opportunity

3.2 Support others to understand and contribute to records

Show your assessor how you support at least two others to:

- 1** understand records about them
- 2** contribute to records about them.

Think about the skills and qualities you need to be able to do this effectively.

Make notes to document how you support others to understand and contribute to records, and the skills and qualities that are needed to be able to do this effectively.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor, who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested methods to show your knowledge/skills
LO1 Understand requirements for handling information in care settings	
1.1 Reflect on it (page 261)	Write a reflective account about the importance of three pieces of legislation that relate to handling information. Address the points in the activity.
1.1 Research it (page 261)	Discuss the codes of practice you have in place in the care setting where you work for handling information. Discuss its purpose and the information it is relevant for and address the points in the activity. Write notes about your discussion.
1.1 Evidence opportunity (page 262) 1.1, 1.2 Case study (page 268) and 1.1, 1.2, 2.1, 2.2 Case study (page 276)	You could produce a spider diagram. Or you could write a personal statement/ provide a written account that includes examples of the legislation and codes of practice that you know that relate to handling information in care settings. You could include three examples of each as instructed in the activity. Case studies 1.1, 1.2 and 1.1, 1.2, 2.1, 2.2 will provide you with useful information about how legislation and codes of practice underpin your day-to-day working practices.
1.2 Research it (page 266) 1.1, 1.2 Case study (page 268)	Use your research about the GDPR 2018 as the basis of a discussion of the main points of legal requirements and codes of practice for handling information in care settings. You will also find Case study 1.1, 1.2 a useful source of information. Produce an information handout of how you can comply with these requirements in your day-to-day role.
1.2 Reflect on it (page 268)	Write a personal statement about the main points of legal requirements and codes of practice for handling information where you work. Address the points in the activity. You will also find Case study 1.1, 1.2 a useful source of information.
1.2 Evidence opportunity (page 268) 1.1, 1.2 Case study (page 268) 1.1, 1.2, 2.1, 2.2 Case study (page 276)	You could provide a list and a written account addressing the points in the activity. Remember, for each of the pieces of legislation and codes of practice you include, write down details of their main requirements, why they are important, how you comply with them when handling personal information in the care setting where you work, and how you could improve your practice. You could complete a presentation of the main points of legal requirements and codes of practice for handling information in care settings. You will find Case study 1.1, 1.2 a useful source of information. Case study 1.1, 1.2, 2.1, 2.2 will make you think about how these requirements apply to work settings like yours.
LO2 Be able to implement good practice in handling information	
2.1 Research it (page 271)	Write notes about the records policy in your setting, and the key security features you use when accessing information in manual and electronic storage systems in the care setting where you work. Address the points in the activity.

Suggestions for using the activities

2.1 Reflect on it (page 273)	Discuss how manual and electronic information systems used in care settings can help to ensure security. Write notes or a short reflective account to address the points in the activity.
2.1 Research it (page 274)	Write down findings from your research. You could also tell a colleague about your findings and write notes to detail your thoughts and discussion.
2.1 Evidence opportunity (page 275) 1.1, 1.2, 2.1, 2.2 Case study (page 276)	Produce a PowerPoint presentation as instructed in the activity. Or you could create a leaflet or develop a case study of an individual with care and support needs and describe how personal information held about them both in manual and electronic records is kept secure. The Case study will help you to think about how to maintain information securely.
2.2 Reflect on it (page 275) 1.1, 1.2, 2.1, 2.2 Case study (page 276)	Write a short reflective account detailing your thoughts on the reasons why you have different processes where you work for storing and accessing different types of information. Or you could write a reflective account of an occasion that your practices ensured security when storing and accessing information in the care setting where you work. The Case study will help you.
2.2 Research it (page 277)	You could provide a written account to document your responses, or make notes to document your discussion.
2.2 Evidence opportunity (page 277) 1.1, 1.2, 2.1, 2.2 Case study (page 276)	You must make arrangements for your work practices to be observed so that you can demonstrate practices that ensure security when storing and accessing information. Or collect a witness testimony from your manager about how you store and access information in the care setting where you work while maintaining its security. The Case study will help you think about how to access and store information where you work.
2.2 Reflect on it (page 277)	Think about the different questions in the activity and write a reflective account addressing the points.
2.2 Research it (page 277)	Write down your thoughts and findings. You could also discuss these with a colleague and write notes to document your discussion.
2.3 Reflect on it (page 279)	Address the points in the activity and write a reflective account. Or you could write a more general reflective account about how you maintain records that are up to date, complete, accurate and legible.
2.3 Reflect on it (page 279)	Write a reflective account.
2.3 Research it (page 280)	You could make notes to document your responses and explanation to your colleague. You could use your research to obtain work product evidence of records that you have completed that are up to date, complete, accurate and legible. Ensure you do not place any work products containing people's personal information in your portfolio or remove them from the care setting where you work. These can be observed instead. See Introduction, page x for more information on work products.
2.3 Evidence opportunity (page 281)	You must make arrangements for your work practices to be observed so that you can demonstrate that you maintain records that are up to date, complete, accurate and legible. If you discuss how effective the techniques you use are, and how they compare to the techniques others use, you may like to write notes to document this.
2.4 Reflect on it (page 284)	Provide a written account detailing your SWOT analysis.
2.4 Evidence opportunity (page 284)	You must make arrangements for your work practices to be observed so that you can demonstrate practices that support audit processes for the handling of information in line with your current job role and responsibilities. You could obtain a witness testimony from your manager to show how you support audit processes for handling information in the care setting where you work.

Suggestions for using the activities

LO3 Be able to support others to handle information

3.1 Reflect on it (page 285)	Write a piece addressing the points in the activity. Or you could write a reflective account about how you support at least two others in the care setting where you work to understand the need for the secure handling of information.
3.1 Research it (page 286)	You could write down the methods as instructed in the activity or prepare a PowerPoint presentation.
3.1 Evidence opportunity (page 287)	You must make arrangements for your work practices to be observed so that you can show how you support others to understand the need for the secure handling of information in the care setting where you work. You could also obtain two witness testimonies from two others to show how you supported them to understand the need for the secure handling of information.
3.2 Reflect on it (page 288) 3.2 Reflective exemplar (page 290)	Write a reflective account of the skills and qualities you use to support others in your care setting to understand and contribute to records. The reflective account will help you.
3.2 Evidence opportunity (page 290) 3.2 Reflective exemplar (page 290)	You must make arrangements for your work practices to be observed so that you can show how you support others to understand and contribute to records in the care setting where you work. You could obtain two witness testimonies from two other people to show how you supported them to understand and contribute to records. You could also make notes to document how you support others to understand and contribute to records, and the skills and qualities that are needed to be able to do this effectively.

Legislation	
Act/Regulation	Key points
Data Protection Act 1998	Personal information must be recorded, used, stored and shared according to a set of principles or rules, i.e. information and data must be processed fairly, lawfully, used only for the purpose it was intended to be used for, be adequate, relevant, accurate and up to date, held for no longer than is necessary, used in line with the rights of individuals, kept secure and not transferred to other countries without the individual's permission.
General Data Protection Regulation 2018	People's rights are more enhanced than they were under the Data Protection Act (DPA). Organisations have greater responsibility for ensuring that they have effective arrangements in place for handling information and that those who work for them are complying with their procedures and systems.
The Freedom of Information Act 2000	Individuals have the right to request information held about them by a wide range of public bodies, such as local authorities and hospitals.
The Care Act 2014	Local authorities must provide comprehensive information and advice about care and support services in their local area so that individuals can make informed decisions about their care and support. The information provided must be able to be understood by individuals.
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Personal information about individuals in care settings must be used in line with organisations' agreed ways of working. It promotes transparency by supporting the sharing of information with individuals and their families.
The Human Rights Act 1998	Everyone in the UK is entitled to the same rights and freedoms. In relation to the handling of information, Article 8 established the right to respect for your private and family life, home and correspondence.

Further reading and research

Books and booklets

Clark, C. McGhee, J (2008) *Private and Confidential: Handling Personal Information in Social and Health Services*, Policy Press

Ferreiro Peteiro, M. (2015) *Level 3 Health & Social Care Diploma Evidence Guide*, Hodder Education

Online publications

Information Commissioner's Office, [2018], 'Guide to the General Data Protection Regulation (GDPR)', Information Commissioner's Office – <https://ico.org.uk/media/for-organisations/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf>

Care Quality Commission, [2016], 'Safe Data, Safe care: Data Security Review', Care Quality Commission – www.cqc.org.uk/sites/default/files/20160701%20Data%20security%20review

Weblinks

www.cqc.org.uk Care Quality Commission (CQC) – record keeping requirements and information about the fundamental standards

www.equalityhumanrights.com Equality and Human Rights Commission – information on the Human Rights Act 1998

www.gov.uk The UK Government's website for information about current legislation including factsheets about the Care Act 2014

www.ico.org.uk Information Commissioner's Office (ICO) – the UK's independent body set up to uphold information rights provides guidance on handling personal information

www.nice.org.uk National Institute for Health and Care Excellence (NICE) – guidance on record keeping standards

www.digital.nhs.uk NHS Digital – guidance on using and sharing information including protecting people's data and ensuring it is kept secure

www.rcnhca.org.uk Royal College of Nursing, First Steps for health care assistants – guidance on keeping records

www.skillsforcare.org.uk Skills for Care – e-learning resources on the Care Act

2014

www.scie.org.uk Social Care Institute for Excellence (SCIE) – e-learning resources on good and poor record keeping in care settings

305 Duty of care in care settings



About this unit

Credit value: 1

Guided learning hours: 8

As a Lead Adult Care Worker or Lead Personal Assistant you have a duty of care to work safely in **care settings** with **individuals** with care and support needs and with others including all those you work with and are responsible for supporting and monitoring their work practices.

In this unit you will develop your understanding of how duty of care contributes to safe practice in your work role and the reasons why this must underpin everything you do. This unit will also provide you with an opportunity to think about the links that exist between the duty of care and the duty of candour including how they contribute to keeping individuals safe from danger, harm, **abuse** and neglect.

Fulfilling your duty of care while at the same time supporting an individual's rights can be difficult at times. This unit will guide you in identifying conflicts or dilemmas that may arise, managing the risks associated with these and understanding the additional support and advice that you can access to resolve them. As part of your duty of care you must be ready to take action when care or support goes wrong and make the necessary changes and improvements to your practices, so this unit will also provide you with how to respond to complaints effectively.

Learning outcomes

By the end of this unit you will:

LO1: Understand how duty of care contributes to safe practice

LO2: Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care

LO3: Know how to respond to complaints



Key terms

Care settings refer to adult, children and young people's health settings and adult care settings. This qualification focuses on adult care settings only.

Individuals refer to the people you care for or support.

Abuse occurs when someone is mistreated in a way that causes them pain and hurt.

LO1 Understand how duty of care contributes to safe practice

Getting started

Think about an individual that you provide care or support to. How do you ensure that you put their interests first? How do you respect their dignity? How do you maintain their safety?

Now think about a colleague you work with. How do you support your colleague to provide high quality care and support?

Why do you do this? What are the consequences of not doing so? Think about the benefits and consequences for the individual, their family, your colleague, you and your employer.

AC 1.1 Explain what it means to have a duty of care in your work role

A duty of care refers to the legal requirement that all health and social care professionals have towards the individuals that they provide with care or support and others they work with, including their employer, colleagues and other professionals such as doctors, nurses and individuals' families. Your duty of care underpins all your responsibilities and day-to-day work tasks set out in your job description, such as ensuring that you protect individuals from danger, harm and abuse and ensures that you are able to provide high quality care and support to all the individuals you work with. This is essential for ensuring individuals' **well-being** and upholding their rights to, for example, privacy, dignity and independence.

Act in the best interests of individuals and others

Exercising your duty of care involves acting in the **best interests** of individuals and others you work with to ensure they are kept safe from harm. This means that you must ensure individuals are made aware of both the benefits and drawbacks of any decisions and are supported to make their own decisions.

Promote safety and protect others from danger and abuse

Your duty of care also involves promoting individuals' and others' safety by protecting them from danger and abuse. For example, if you observe an individual being verbally abusive towards a colleague you must do everything you can to ensure that your colleague comes to no harm. You may try to calm the individual down by talking to them or ask your colleague to move to somewhere safe. Your duty of care means that you are responsible for ensuring the safety of individuals, your colleagues and others such as visitors.

Only carry out tasks you are competent to do

Being responsible involves only carrying out work tasks that you are competent to do. For example, if you are asked to train a newly recruited care worker in how to administer medication to individuals then you will need to have the knowledge and skills to carry out this task safely. If you have not been trained yourself, you will not be able to train another care worker; doing so when you are not competent may result in you demonstrating unsafe practices. This could result in individuals being administered an incorrect dose or the wrong medication that in turn could lead to an adverse reaction and even fatal

consequences. Your duty of care requires you to work with everyone safely and effectively.

If the individual to whom you provide care or support is also your employer, then the **agreed ways of working** will have been developed by the individual and/or their representative. You will be informed of this through your contract of employment, which will set out the agreed ways of working, as well as through any specific guidance that the individual and/or representative provides you with; this may be in writing and/or verbally explained.

Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

[Skills for Care](#) and [Skills for Health](#) have jointly developed a Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England that sets out the standards that all healthcare and social care professionals are expected to meet to exercise their duty of care. It is voluntary, but it is seen as a sign of good practice. It states that to exercise your duty of care you must, for example, be able to work within the agreed scope of your work role, know how to behave responsibly, promote individuals' well-being and ensure that you protect individuals and others you work with such as their families, your colleagues and the wider public from harm, abuse and injury.

The Code of Conduct includes seven standards that you are expected to follow to exercise your duty of care:

- 1** Be accountable by ensuring you can answer for your actions or omissions
- 2** Be able to promote and uphold at all times the privacy, dignity, rights, health and well-being of people who use health and care services and their carers
- 3** Be able to work with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support
- 4** Be able to communicate in an open, and effective way to promote the health, safety and well-being of people who use health and care services and their carers
- 5** Be able to respect a person's right to confidentiality
- 6** Be committed to improve the quality of healthcare, care and support through continuing professional development
- 7** Be able to uphold and promote equality, diversity and inclusion.

Source: Skills for Care and Skills for Health (2013) 'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England'



Key terms

Well-being is how a person thinks and feels about themselves physically, mentally, emotionally. It can also, more generally, mean being healthy, and in a positive state.

Best interests means what is right for a particular person. The Mental Capacity Act (2005) sets out a checklist of things to consider when deciding what is in a person's 'best interests'. It is not usually the role of a care worker to carry out a Best Interests Assessment.

Agreed ways of working refer to an employer's ways of working, including policies and procedures such as those in relation to safeguarding, health and safety.

Skills for Care is the Sector Skills Council for people working in early years, children's and young people's services, and for those working in social work and social care for adults and children in the UK.

Skills for Health is the Sector Skills Council for people working in healthcare.

For more information, see the Skills for Care (www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf) or Skills for Health websites.



Figure 7.1 How well are you exercising your duty of care towards the individuals and others you support?



Reflect on it

1.1 Have you met the guidelines in the Code of Conduct?

How far do you think you've met the seven standards for exercising your duty of care included in the Code of Conduct described above? Are there any areas where you need to improve? How could you go about making these improvements? Discuss this with your employer.



6Cs

Competence

Competence involves having the knowledge and skills to carry out your work role effectively and supporting others to do the same. This includes, for example, carrying out your role safely and to the standard expected of you. You can acquire competence through training provided by your employer and by reflecting on how to further develop your knowledge, skills and practice and those of others. Remember that you have a duty of care to only carry out activities you are competent in, for which you have been trained to do and so ensure that your work practices are safe and do

not place individuals and others at risk of danger or harm.

Compassion

Compassion involves demonstrating your empathy, kindness and warmth towards individuals. This includes, for example, taking the time to involve individuals in decisions about their care or support. You can exercise your duty of care while showing compassion by ensuring you always uphold individuals' rights and support others to do the same, and by reporting any discriminatory practices to ensure that individuals remain free from harm or abuse.

The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England is commonly used alongside the Care Certificate. The Care Certificate is an agreed set of 15 standards that set out the knowledge, skills and behaviours expected of those who work in the health and social care sector, including Personal Assistants, Senior Home Care Workers and Reablement Officers and should be covered as part of an induction programme to ensure the provision of safe and compassionate high-quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health.

For example, Standard 3: Duty of Care requires you to understand why your duty of care is important and how it contributes to safe practice and impacts on your work role, how to manage dilemmas that may arise between the duty of care and an individual's rights, how to respond to comments and complaints and make improvements to the quality of the care and support provided, handling incidents, errors and [near misses](#) and how to manage difficult situations that may arise. This standard must underpin everything you do to ensure that your work practices are safe, compassionate and respectful. For more information, refer to www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-3.pdf

Evidence opportunity

1.1 What it means to have a duty of care

Produce a verbal presentation that explains what having a duty of care in your work role means. Think about why it is important and relevant to your day-to-day work tasks. Include examples of how you are meeting the standards expected from you in your current work role. You could provide a written explanation detailing what it means to have a duty of care.



Key term

Near misses refer to incidents that have the potential to cause harm, such as a delay in administering an individual's medication or a hoist battery that runs out just before an individual is about to be moved from one position to another. It may be that the individual is not actually harmed, but they could have been, and so it is a 'near miss.'

AC 1.2 Explain how duty of care relates to duty of candour

All those who work in the health and social care have a professional duty of **candour** towards the individuals they provide with care and support or their representative. This means that they must be open and honest with individuals when something that has gone wrong with the care or support provided and harm or distress has been caused, or potentially could be caused. For you to exercise your duty of candour you must be:

- **Honest:** for example, by telling the individual or their representative such as their family or **advocate** what has gone wrong with their care or support, or raising your concerns with CQC if necessary.
- **Empathetic:** for example, by acknowledging how an individual or a member of their family feels about something that has not worked well for them.
- **Supportive:** for example, by suggesting how what has gone wrong can be put right (if that is possible), supporting them to do this and participating in discussions and meetings with your employer if requested to do so.
- **Open:** for example, by explaining fully to the individual and/or their representative the impact of what has gone wrong with their care or support and by being open with your colleagues about the effects of what has gone wrong, thus encouraging learning to take place.

Under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Care Quality Commission (CQC) put in place a requirement for all registered organisations in England who provide healthcare and social care services to be open and transparent with individuals who use their services and to apologise when things go wrong. This means that organisations must ensure all those who work for them understand how to put into practice this duty of candour and why this is important. The regulation also sets out some specific requirements that providers must follow when things go wrong with individuals' care or support, such as informing individuals about what happened, providing support and apologising. If providers do not uphold their duty of candour, then the CQC can take action against organisations and prosecute them for breaching this regulation; organisations can also face closure and heavy fines for breaching their duty of candour.

Being open and honest with individuals and/or their representatives

You can be open and honest by ensuring that you always fully involve individuals or their representatives in decisions about their care or support; this involves exploring both the risks and the benefits of different options and ensuring their understanding of these before any decisions are made. For example, for an individual with a **learning disability** who wishes to travel independently for the first time you have a duty of care to ensure that you discuss the different travel options available to them, such as train, taxi and the Underground, their associated benefits and risks. In addition, you must ensure that you provide this information to the individual in a format they can understand, for example by using signs, photographs or short sentences. You must then immediately check with the individual that they have understood the different options available to them.



Key terms

Candour refers to a way of working that involves being open and honest with individuals, your employer and others in the care setting where you work when something has gone wrong, such as incidents or near misses that may have led to harm.

An **advocate** is someone who speaks on behalf of someone else or who represents someone else who is unwilling or unable to speak for themselves because of an illness or disability, for example.

A **learning disability** is a reduced ability to think and make decisions as well as difficulty with everyday activities which affects a person for their whole life. This may, for example, include difficulties with budgeting, shopping and planning a train journey.

If, for example, the individual chooses to travel via taxi and you realise on the morning that you forgot to book the taxi then as soon as you realise this you must tell the individual you have made a mistake. You should also inform their representative if they have one. You must explain why you forgot to book the taxi – perhaps it was a very busy shift, or you had to deal with an emergency and therefore forgot. You should also explain what the likely consequences of your actions will be, give the individual and/or their representative the opportunity to ask questions and answer them honestly. If an individual shows no interest or prefers to not know why you forgot to book the taxi, then you must respect their wishes. Always record what information you have provided and not provided, as

well as the reasons why because this will then become a permanent record of how you exercised your duty of care and candour when things went wrong and could be referred to again in the future. For more information about handling information you will find [Unit 304](#) Promote effective handling of information in care settings useful.

You must also apologise to the individual for the mistake. Think carefully about how to do this so that the apology is received in the way you intend. It is important you choose a private place to apologise to the individual so that you can show empathy and be respectful of the individual's rights to privacy and dignity. Again, record that you have apologised to the individual. Your employer may require you to provide the individual with an apology in writing; the actions to take will be included in your agreed ways of working, so make sure you refer to these.

When apologising to an individual's representative pay careful attention to ensuring that you show warmth and compassion when conveying that you are sorry for the mistake. Choosing what you say and how, allowing sufficient time to do so and answering their questions honestly are all different ways that you can do this. You should also ensure that you provide them with contact details of who they can approach, and when, if they have any questions they would like to ask at a later date. For more information about communicating effectively you will find [Unit 303](#) Promote communication in care settings useful.

By being open and honest with individuals and/or their representatives you will be fulfilling your duty of care because you will be promoting individuals' rights to safety and to be free from harm. In this way, you will be promoting individuals' best interests as well as complying with your employer's agreed ways of working. Providing individuals and/or their representatives with full and accurate information means that you will upholding their rights to being informed and communicated with – by treating them respectfully as an equal partner in their care or support.



Figure 7.2 How open and honest are you with the individuals you care for and support?

Learning from mistakes made

Being open and honest when things go wrong means that you and others can learn from your mistakes to try to ensure that these never happen again. It is important to report and record mistakes as soon as they happen, so that you can fulfil your duty of care and ensure that individuals and others are safeguarded from possible further harm.

For example, if an error is made when administering medication to an individual – perhaps you realise at 8 pm that you forgot to give an individual an additional paracetamol at 4 pm – you must report this quickly and record it as soon as possible. Not doing so may mean that the individual continues to experience pain and will be unhappy that you did not uphold their request to have additional pain relief. Remember, you must always follow your organisation's agreed ways of working as they will have a duty to support those who work for them to report incidents such as these and may specify that additional actions must be taken such as reporting the incident to the regulator (i.e. the CQC). If you work in a team and the error is not made by you but by a colleague, then you are responsible for ensuring that you support them to do the same. You must never discourage them from reporting any errors – by openly discussing errors, agreeing on lessons learned and how to avoid making these errors again you will be leading by example and showing them how they must exercise their duty of candour and duty of care.

By learning from mistakes made you will also be fulfilling your duty of care by showing your commitment to being a professional and working in line with your employer's agreed ways of working. Learning from mistakes means you will be doing everything you can to ensure that the same mistakes are not made again; by doing so you will be exercising your duty of care towards individuals.



Reflect on it

1.2 Learning from mistakes

Reflect on an occasion when you or someone you know made a mistake that resulted in the care or support provided to an individual going wrong. What happened? Why? What lessons were learned? How were these applied? How did the learning gained enable a duty of care and a duty of candour to be exercised?

Evidence opportunity

1.2 Duty of candour and duty of care

Imagine you are inducting a new member of staff. Provide a written account explaining how duty of care relates to duty of candour in their day-to-day working role.

AC 1.3 Explain how duty of care contributes to the safeguarding or protection of individuals

Exercising your duty of care can also contribute to both the safeguarding and protection of individuals. If we think about the meaning of each of these concepts you will see why they are closely linked to your duty of care.

Safeguarding adults involves:

- **Protecting individuals' rights to live in safety, free from abuse and neglect:** your duty of care involves keeping individuals safe and free from harm such as illness, abuse and **neglect**. Your duty of care also means that you must do everything you can to ensure that individuals are not abused or neglected. This involves recognising when both abuse and neglect are occurring and when individuals may be at risk of both so that you can prevent individuals from being harmed and ensure that their pain and suffering are not prolonged.
- **Working together with others to prevent the risk of abuse or neglect from arising and to stop them from happening:** your duty of care involves protecting individuals from potential abuse or neglect. You can do this by ensuring that you and your colleagues work in ways that empower individuals which will not only promote their well-being but will also make them less vulnerable to being abused or neglected. Developing an open and honest environment when working with individuals and others will mean that they will be more likely to approach you if they have concerns about safety. Safeguarding training will ensure that you keep up-to-date with current best practice. You can also work with other professionals and organisations such as the local council by taking the time to understand their roles and responsibilities, observing current best practice shared and by learning from any mistakes made.
- **Promoting individuals' health and well-being by taking their views, preferences, wishes, beliefs and feelings into account:** your duty of care involves always acting in individuals' best interests and promoting their well-being. You can do this by actively involving individuals and/or their representatives in decisions about their care or support and providing them with all the information they require to make their own decisions. In this way you can ensure that you are not influencing their choices, you are simply facilitating the process by, for example, supporting them to explore the benefits and drawbacks of care or support options, and the impact different options may have on their lives.



Key term

Neglect is a form of abuse and means failing to care for someone, resulting in their needs not being met. It can also mean ‘self-neglect’, which is when someone fails to care for themselves. This might be because of health problems or disabilities. However, sometimes a person may choose to live a certain way that seems like they are neglecting themselves, for example they may choose to smoke, have a poor diet or drink an excessive amount of alcohol. This may not be self-neglect, but a personal choice. You have a duty of care to inform individuals of the dangers, but not to make decisions for them, unless they lack the capacity to do so or their health is at serious risk.



Research it

1.3 Agreed ways of working for safeguarding

Research your employer’s agreed ways of working for safeguarding. Produce a one-page written account that explains how it is underpinned by your duty of care.

Protecting adults involves:

- **Knowing what to do when an individual has been abused, harmed or neglected:** your duty of care involves responding to situations where abuse, harm or neglect have taken place and doing this quickly and appropriately. You can do this by always complying with your employer’s agreed ways of working for responding to abuse, harm or neglect. For example, this will involve you reporting and recording what has happened accurately and as soon as possible because this will act as a permanent record and may be referred to by others such as the police or Adult Social Care Services. You must also ensure that the individual is in a place of safety and cannot be abused, harmed or neglected again. See [Unit 201](#) Safeguarding and protection in care settings for more information on responding when abuse, harm or neglect have taken place.
- **Knowing what to do when there are concerns that an individual may be at risk of abuse, harm or neglect:** your duty of care involves always acting in

an individual's best interests. For example, if an individual with dementia who is at high risk of falling wants to go for a walk on their own, it is important that the benefits and drawbacks are considered carefully so you ensure that any decisions made are in the best interests of the individual and do not deny their rights to independence and control of their own life but at the same time do not put their safety in danger. Balancing individuals' rights against your duty of care can be difficult; you can learn more about how to manage risks associated with these types of situations in this unit in [AC 2.2](#).

- **Preventing further abuse, harm or neglect from taking place:** your duty of care involves keeping individuals safe from abuse, harm or neglect. You can do this by ensuring that your ways of working are in line with your employer's agreed ways of working in relation to health and safety; you will then be setting a good example to those others you support and work with. For example, by only carrying out moving and handling activities that you are competent in you will ensure individuals and staff are not harmed; by reporting unsafe practices immediately you will ensure that individuals do not suffer abuse or neglect, and by wearing PPE you will ensure that individuals' and others' health, safety and well-being are protected. See [Unit 302](#) Promote health, safety and well-being in care settings for more information.

Case study 1.1, 1.2, 1.3 provides you with an opportunity to think about the learning you have undertaken in LO1 in relation to how your duty of care contributes to safe practice.



Reflect on it

1.3 Your role in protecting individuals

Reflect on how your current job role involves protecting individuals who have care or support needs. What different ways of working do you use to ensure their protection? Can you ensure their protection at all times? Why?



Case study

1.1, 2.2, 2.3 Duty of care, candour and safeguarding and protection

Marcel is a Lead Support Worker and is overseeing the shift today in the Able supported living scheme (where people access support to assist them to live independently in their own home) where three individuals with learning disabilities live. Working alongside Marcel are two support workers and one volunteer.

Marcel begins by meeting with all three team members and outlining the plan of work for today's shift, including the work tasks and activities that have been allocated to them. Discussions then continue, with Marcel updating each member of the team with the following items of information in relation to the three individuals who live at Able: 1) Simone woke up feeling a little unwell this morning and stated that she had a stomach ache, 2) Monica has requested to go swimming, unaccompanied by her sister, and 3) Chanelle has indicated that she is looking forward to her friend visiting her this afternoon.

In relation to Simone, Marcel explains that Simone has indicated that she does not want to go to the GP but would rather just stay in bed all day. Marcel explains that he has explained to Simone that, although it is her right to not go to the GP and to stay in bed all day, it is also the staff's duty of care to ensure her condition does not worsen and to explore with her the different options available to her that may make her feel more comfortable and reduce her pain.

With respect to Monica, Marcel explains that he would like to find out a little more about the reasons why Monica would like to go to swimming unaccompanied by her sister and plans to speak to Monica about this himself. Perhaps, Marcel explains, Monica would like to increase her independence from her sister or is not enjoying going swimming with her sister. Marcel adds that once he understands Monica's reasons, a plan to support her will be put in place.

Marcel informs the team that the friend that Chanelle is awaiting a visit from tends to not turn up. Given how upset Chanelle was last time this happened, he suggests that it would be a good idea to have other options for afternoon activities that Chanelle will enjoy participating in that may help distract her if her friend does not turn up again. Marcel adds that it will be important to give Chanelle the opportunity to talk about how she is feeling, if she wishes to do so.

Discuss:

- 1** How is Marcel exercising his duty of care as a Lead Support Worker?
- 2** How is Marcel supporting others to exercise their duty of candour?
- 3** How is Marcel contributing to the safeguarding and protection of Simone, Monica and Chanelle?

Evidence opportunity

1.3 How duty of care contributes to the safeguarding or protection of individuals

Think about two individuals with care or support needs who you work with. For each individual explain how your duty of care contributes to their safeguarding and protection. Provide a written account. You could also explain this to your assessor and provide a written account of your discussion.

LO2 Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care

Getting started

Think about an occasion when you were faced with a dilemma that involved doing something you felt uncomfortable with. For example, perhaps you were asked by someone close to you to support them with something that you didn't agree with, such as something that was against your beliefs or views. How might you feel in this situation? Why? What's more important, supporting someone close to you or your beliefs and views?

AC 2.1 Describe conflicts or dilemmas that may arise between the duty of care and an individual's rights

When exercising your duty of care to the individuals you care for and support, you may find that acting in individuals' best interests may sometimes be in direct conflict with their rights to make their own choices and decisions. Your duty of care involves empowering individuals to be in control of their lives and therefore you cannot prevent them from taking risks or doing something that is not in their best interests. Your duty of care is to enable individuals to understand the potential benefits, risks and consequences of their actions. By doing this you can ensure that balanced decisions are made that enable you to exercise your duty of care and individuals to exercise their rights to lead their lives as they want to.

Conflicts and dilemmas

As a Lead Adult Care Worker or Lead Personal Assistant you may find that conflicts or dilemmas may arise between exercising your duty of care and individuals' rights. [Table 7.1](#) includes examples of the different conflicts or dilemmas that may arise. For examples of ways in which you might address each of the situations, see [Table 7.2](#).

Table 7.1 Examples of different conflicts or dilemmas that may arise

Conflicts or dilemmas	Why are these conflicts or dilemmas?
Eating a healthy, balanced diet: Mila is obese and suffers with lower back pain. She finds it difficult to use the stairs without getting out of breath. She refuses to change her diet as she enjoys having takeaways most nights of the week and eating out with her friends at the weekend.	Mila's reluctance to eat a healthy, balanced diet is a concern as it is your duty of care to promote her health and well-being. By continuing to have takeaways and eat out at the weekends, Mila's weight will continue to increase, which may lead to her back pain getting worse because of the additional strain her bones, muscles and joints will be under. Mila is already experiencing shortness of breath, a sign that her lungs and heart are not working as effectively as they should – this also may worsen if she continues to have an unhealthy diet. However, it is Mila's right to eat what she wants; she is able to make her own choices and decisions about how she lives her life.
A lack of finances: Rosie is 84 years old and lives in her own home. Rosie discloses to you that this week she will not go to the hairdresser because it is her grandson's birthday and she wants to buy him something nice. Rosie asks you not to say anything to her daughter who will be visiting her this afternoon as she'll offer to pay for her hair. Rosie doesn't want her daughter to do this as she says she has always managed by herself.	Rosie's lack of finances is a concern because she is putting her grandson's needs before her own and it is your duty of care to ensure she is not placed at risk of abuse or neglect. This time she has decided to go without a haircut but next time she may decide to go without buying herself some food or clothes that she needs. This could result in Rosie neglecting her own needs over those of her family. There is also a concern that her family are unaware of her situation. However, it is Rosie's right to ask you to not inform her family about her personal finances as these are private and confidential to Rosie. It is Rosie's right to be independent, to manage by herself and not depend on her family. It is Rosie's right to feel valued and doing things for her family such as buying her grandson a birthday present can enable her to continue to have a valued role within her family.

Evidence opportunity

2.1 Conflicts or dilemmas

For two individuals with care or support needs you know, describe the conflicts or dilemmas that may arise between the duty of care and the rights of both individuals. Think about specific examples you have come across. Provide a written/reflective account.

AC 2.2 Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care

Balancing your duty of care and an individual's rights involves doing everything you can to support individuals to make their own choices and decisions without compromising their or others' safety. The **risk assessment process** involves supporting individuals to take risks by assessing the potential dangers and considering what can be put in place to reduce those risks and protect individuals from danger, harm, abuse or neglect. The risk assessment process does not prevent individuals from doing what they want but rather helps individuals and you to manage these risks effectively by considering what can be done to reduce them. In this way, you will be exercising your duty of care by supporting individuals' rights to live how they want to and make their own choices and decisions after giving careful consideration to the benefits, risks and consequences that are associated with these.



Reflect on it

2.2 Supporting individuals with their rights

Reflect on how it would make you feel if you were prevented from doing something in your life that you really wanted to do. Perhaps you want to go to university, pursue a career in social care, go travelling, learn a new skill? Now think about how it would make you feel being supported to do what you want to do in your life, to pursue your goals and dreams.

Now put yourself in the shoes of an individual with care and support needs who would like to pursue their goals and dreams. How do you think they may feel if they were prevented from doing so? And if they were supported to work towards these? Why is it important that you show the individual your **compassion**?

Read through again in [AC 2.1](#) the examples of conflicts or dilemmas that may arise between exercising your duty of care and individuals' rights, then look at the potential ways described in [Table 7.2](#) that can be used to manage these risks. Can you think of other ways of managing these risks? Do these ways still enable you to exercise your duty of care and support individuals' rights at the same

time? What can you do if they don't?



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Compassion

Compassion refers to taking a genuine interest in how an individual may be feeling by putting yourself in their situation and thinking about how you may feel when not being supported, for example to make your own choices and decisions. Showing compassion also shows that you understand the reasons why individuals make choices and decisions. Being compassionate goes hand in hand with being empathetic and this is important because without this quality you will not be able to see things from others' perspectives and will find it harder to build effective working relationships.

You can show your compassion when conflicts or dilemmas arise between your duty of care and an individual's rights by getting to know an individual and finding out what they are saying and observing what they are expressing so that you can then respond with kindness and consideration to their wishes, views and preferences. Being compassionate involves putting your views and preferences to one side so that you can fully understand those of individuals.



Key term

Risk assessment process refers to the process used to identify and assess risks in the setting where you work.

Table 7.2 Examples of how to manage risks associated with conflicts or dilemmas

Conflicts or dilemmas	How to manage risks associated with conflicts or dilemmas
Eating a healthy, balanced diet: Mila is obese and suffers with lower back pain. She finds it difficult to use the stairs without getting out of breath. She refuses to change her diet as she enjoys having takeaways most nights of the week and eating out with her friends at the weekend.	You could begin by exploring with Mila why she enjoys having takeaways most nights of the week. Perhaps this is because she finds it easier than cooking or likes the variety of foods she can buy. Together you could explore the benefits of having takeaways most nights (no need to cook, no washing up, saves on electric and hot water), the drawbacks (expensive, unhealthy as high in salt, sugar and fat) and the potential consequences (will lead to an increase in weight, puts more pressure on the joints and back, may lead to increasing health difficulties). Similarly, you could then explore with Mila why she enjoys eating out with her friends at the weekend. Perhaps this is because she likes meeting up with them and enjoys going out to different places. Together you could explore the benefits of eating out with her friends at the weekend (socialising opportunity, feeling like she belongs), the drawbacks (expensive, difficult to make healthy choices when in a group with friends) and the potential consequences (will lead to an increase in weight, puts more pressure on the joints and back, may lead to increasing health difficulties).

Conflicts or dilemmas	How to manage risks associated with conflicts or dilemmas
Eating a healthy, balanced diet <i>continued</i>	After assessing the benefits, risks and potential consequences carefully you could then discuss and agree how Mila could be supported to do what she wants by reducing the risks to her health and well-being. For example, perhaps Mila could have takeaways twice a week instead of nearly every night and could learn how to develop her cooking skills by learning how to cook easy meals with her favourite ingredients that are healthy and that she enjoys. In terms of eating out with her friends at the weekend, perhaps she could make healthy choices when eating out by reading through the menu carefully when at a restaurant. Some weekends she could also suggest to her friends that they try a different activity, for example rather than eating out perhaps they could go bowling or to the cinema. Mila could also try inviting her friends to her house, perhaps she could show off her newly learned cooking skills for healthy eating. Managing these risks in these ways will enable you to support Mila to continue to what she wants while putting in place measures that will protect her health and well-being.
A lack of finances: Rosie is 84 years old and lives in her own home. Rosie discloses to you that this week she will not go to the hairdresser because it is her grandson's birthday and she wants to buy him something nice. Rosie asks you not to say anything to her daughter who will be visiting her this afternoon as she'll offer to pay for her hair. Rosie doesn't want her daughter to do this as she says she has always managed by herself.	You could begin by exploring with Rosie why she doesn't want her family to know about her personal financial situation. Perhaps she feels that she looks after her family, not the other way around, or perhaps she is embarrassed about her personal situation and uncomfortable about others paying for her. Together you could explore the benefits of not saying anything about her personal finances to her family (her family will not be worried, Rosie retains her pride, Rosie feels valued and continues to be financially independent), the drawbacks and potential consequences (she may run out of money, she may no longer be able to buy anything for her family, she may no longer be able to meet her own needs). After assessing the benefits, risks and potential consequences carefully you could then discuss and agree with Rosie how she could be supported to do what she wants by reducing the risks of abuse and neglect. For example, perhaps she could find other ways of increasing her finances, perhaps she has things that she no longer needs and wants to sell; the income from these could be used to pay for presents. If she has a skill such as painting or crafting she could make presents rather than buy them – homemade gifts are always appreciated just as much as bought presents. Perhaps she could review how she is managing her money on a day-by-day basis and put a plan in place to save up for presents as well as do the things she wants such as going to the hairdresser.

The key ways of effectively managing risks associated with conflicts or dilemmas between an individual's rights and your duty of care involve being knowledgeable about the individual, being respectful towards them, being open and honest with them and following your agreed ways of working.

Capacity

All the examples of conflicts or dilemmas between the duty of care and an individual's rights you have learned about so far involved people who had the capacity to make their own decisions and choices about what they want to do in their lives. But what happens if an individual lacks the capacity to make their own choices and decisions and therefore may not fully understand the benefits versus the risks and potential consequences of different wishes and goals they may have? This may be because the individual's mental health has deteriorated, or because an individual has a learning disability or dementia.

In 2005 the Mental Capacity Act (MCA) was introduced, which aimed to protect and give some power back to individuals who lacked capacity. It was also designed so that those working in health and social care could assess whether individuals have capacity. It outlined ways in which those who worked with individuals with care and support needs could support them to make decisions. The Act outlined five principles which are important for you to know and understand in your role as you have a duty of care to comply with this.

The five principles state that:

- 1 You must presume capacity
- 2 Individuals have the right to be supported to make their own decision
- 3 Individuals have the right to make unwise decisions: you may disagree with a decision and feel it is unwise, but individuals have the right to make such decisions
- 4 Best interests of the individual must be considered
- 5 Least restrictive option must be taken.

There is also a two-stage functional test of capacity that you should undertake to decide whether an individual has the capacity to make a decision:

- **Stage 1:** Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so;
- **Stage 2:** Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

These two questions are taken from SCIE's 'Mental Capacity Act 2005 at a

glance' (www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance)

The MCA also introduced the Lasting Power of Attorney (LPA) which allow people over the age of 18 to formally choose someone to make decisions for them if they are unable to make decisions in the future. The MCA also introduced a Public Guardian to ensure that people who lack capacity are not abused and it also states that it is a criminal offence to neglect or ill-treat someone who lacks capacity. The Act is accompanied by a code of practice that provides guidance to people who act or make decisions on another person's behalf. All of this stresses the importance of maintaining your duty of care to individuals and to do all you can to ensure that you empower individuals to make their own choices and decisions and not prevent them from doing so, but to follow best practice when they are unable to.

Advance Care Plans

If an individual has an Advance Care Plan in place and the individual's decision is to refuse treatment and their family disagree with their decision about this then providing the Advance Care Plan is valid, the individual's wishes must be respected. However, the individual's family also has a right to explain why they think the decision is not valid or incorrect, and so this could be discussed with the family. If agreement with the family can still not be reached, an advocate could be sought and ultimately the individual's family could make a formal complaint to the care provider; if agreement can still not be reached then this could be referred to the Court of Protection.



Research it

2.2 Mental Capacity Act

Research the Mental Capacity Act here:

www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance

Discuss how relevant it is to the individuals with care or support needs you work with. How does it impact on managing the risks associated with conflicts or dilemmas between individuals' rights and your duty of care?

Other circumstances

Other situations that arise while carrying out your work role may mean that are

unable to support an individual's rights because your duty of care requires you to take alternative action:

- If the individual's decision will harm them or put others at risk of harm then you may not be able to support the individual to do what they want. For example, an individual may insist that they want to continue to drink alcohol heavily at night even though they know this makes them very aggressive. You may decide that you cannot let them do this because not only does it place their health in danger, it also means that the other individuals they live with and the team members that may be present will be put at risk of being harmed. You can try to speak to the individual about this first, but if the individual ignores you then you may need to speak to your manager. If the individual is also your employer you may need to seek assistance from outside, perhaps from the individual's family or an external organisation such as Alcoholics Anonymous.
- If the individual's decision means that they will be taking part in something that goes against your employer's agreed ways of working, then you may not be able to support the individual to do what they want. For example, an individual may insist that they want to go for a walk on their own in the garden without their walking aid even though they recently had a fall, have only just recovered and using their walking aid was agreed as part of their plan of care and support. You may decide that you cannot let them do this because they may fall and injure themselves again. You can try to speak to the individual about this first to find out why they don't want to use their walking aid, but if the individual still insists on not using it then you may need to speak to your manager. If the individual is also your employer then you may need to seek assistance from someone else, perhaps from a health professional such as their physiotherapist or someone close to them such as a friend or family member.
- The individual's decision means that they will be taking part in something that is morally wrong, illegal or criminal. For example, an individual may tell you that they want to try drug taking with a new group of friends they've recently met in college. You have a duty of care to not ignore this and you must report your concerns immediately to your manager. If the individual is also your employer, then you may have to report your concerns directly to the police. It is important that the individual is aware of the actions you plan to take and that you explain to the individual why you have to take these actions as you have a duty of care towards them.

Evidence opportunity

2.2 How to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care

Describe to your assessor how you manage risks associated with conflicts or dilemmas between an individual's rights and your duty of care. Provide a written account describing this.

AC 2.3 Explain where to get additional support and advice about conflicts and dilemmas

At times, because the dilemmas that arise between your duty of care and an individual's rights can be quite difficult to resolve, it will be necessary for you to ask for additional support and advice about how these can be resolved satisfactorily. Getting additional support and advice is a must so that any dilemmas that arise can be dealt with quickly, potential conflicts will be limited and individuals' and others' safety protected. Getting additional support and advice will also show individuals that you genuinely **care** about respecting and promoting their rights and that you have considered how the care you provide impacts them as you have gone to the effort to seek advice. As a Lead Adult Care Worker you will also ensure that you are setting a good example to others in your team; they will feel reassured that anything they report to you will be acted on, even if you have to seek advice yourself.



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Care

Care is not just about meeting an individual's needs and preferences. Care is about showing your genuine interest in ensuring that the care and support you provide makes a positive difference to an individual's life. This is important because without good care and support you and others in the team will not be able to support an individual's rights and preferences. You can show you care by thinking carefully about why you are providing care and support to an individual, how you are doing this and how it is being received. Ensuring you obtain feedback from individuals and others who you may work with, including your manager (if you have one, or from your employer who may also be the individual) and colleagues who know you well, ensures that you continue to assess how well you are caring for individuals and supporting others in the team to do the same.

You can seek additional support and advice about conflicts and dilemmas that may arise both from within the setting where you work and externally from people and organisations outside.

Internal sources of additional support and advice

If you are unsure about how to resolve a conflict or dilemma that has arisen between your duty of care and an individual's rights, you should first approach your manager, if you have one, who will be able to advise you on what to do. If you are unable to approach your manager, then you could contact another senior person who works in the same organisation for their support and advice. If you work on your own and the individual is also your employer, you may need to seek additional support and advice from an external organisation – which organisation is most appropriate will depend on the nature of the dilemma or conflict. For example, if it relates to an individual with dementia then an organisation such as the Alzheimer's Society may be appropriate, or a dementia nurse if they have one. If it relates to supporting an individual who has depression, an organisation such as MIND or a mental health advocate if they have one would be appropriate. You should refer to your employer's agreed ways of working for who the most appropriate person or organisation to approach would be.

Other internal sources of additional support and advice are your employer's agreed ways of working; these can be useful to reference when you are unsure about what to do in terms of resolving dilemmas and the process to follow. Sometimes experienced colleagues or colleagues you trust can be useful sources of additional support because they may have come across these types of dilemmas previously and would therefore be able to offer you advice and support based on their own experience.



Reflect on it

2.3 Support and advice from others

Reflect on an occasion when you had to access advice or support from someone in the setting where you work. Who did you go to? Why? Was their advice or support useful? Was there anyone else you could have approached if this person wasn't available?

External sources of additional support and advice

Whistleblowing

Sometimes it may be necessary to seek additional support and advice from external bodies and organisations because, as you will have already learned, there are some circumstances where doing nothing is not an option (you may

find it useful to refresh your knowledge about these circumstances by re-reading the relevant section in [AC 2.2](#) of this unit). Reporting your concerns to external organisations when required is also part of your duty of care and you have a legal right to do this without being penalised by your employer for doing so – this concept is known as **whistleblowing**. Your employer will have in place agreed ways of working for whistleblowing and so it is very important that you familiarise yourself with and follow these.

The reflective exemplar provides you with some additional information about the benefits of following whistleblowing procedures about resolving conflicts or dilemmas that may arise.



Key term

Whistleblowing is when you reveal or expose a serious fault or something that is seriously wrong in your setting. This might be something that is unethical or illegal, or a way of working that is not best practice and is having a negative impact on an individual or others.

Reflective exemplar

Introduction	I work as a Lead Personal Assistant with Marta, a young adult who has a physical disability. Marta lives on her own and is very independent.
What happened	This morning upon my arrival at Marta's home, Marta explained that as she was my employer and I was working in her home that she wanted me to carry her up the stairs rather than use the hoist because she felt that this was quicker and more convenient for her. I felt anxious about what Marta had requested of me because I knew that this was an unsafe practice, so I asked Marta to give me a moment to think about what she had asked me to do. I took the opportunity to step aside into the lounge and in private noted down what I had been asked, when and where. I used Marta's words so that I could keep it as factual as possible. I then decided to approach Marta with my concerns about the risk to her and to myself if I was to carry her up the stairs rather than use the hoist that had been provided. Marta reiterated that it was her home and therefore her rules. I tried again to explain calmly that doing this would be unsafe and also explained my duty of care towards her. Marta then stated that her other personal assistants have been doing this and no one has complained apart from me. As I felt that I could not resolve this with Marta I decided to speak to her social worker in the first instance about this.

Reflective exemplar	
What worked well	I positively challenged the unsafe practice of carrying Marta up the stairs. I decided that I would report this to Marta's social worker after not being able to resolve this with Marta, my employer.
What did not go as well	I did not explain to Marta what would happen next. I should have also challenged the unsafe practices that Marta told me about that other personal assistants had been using. I did not refer to my employer's whistleblowing procedures about the next steps to take in situations such as this where I identified unsafe practices. Was Marta's social worker the appropriate person to speak to or should I have approached someone else first with my concerns?
What I could do to improve	I think I will need to familiarise myself with my employer's whistleblowing procedures and ensure that I am following these when raising concerns I have about unsafe or illegal practices.
Links to unit's assessment criteria	ACs: 2.1, 2.2, 2.3



Research it

2.3 Agreed ways of working for whistleblowing

Research your employer's agreed ways of working for whistleblowing. Do you know how to whistleblow if you need to? Do you feel confident in doing so? Do you feel confident in supporting others to do the same? Draw a flowchart of the steps to take if you had to report concerns you had about an individual's safety.

Specialist organisations

Seeking advice from specialist organisations and professionals may be necessary when dilemmas or conflicts are in relation to individuals' care or support needs or they involve specialist areas of knowledge and expertise. Specialist professionals may include social workers, mental health nurses, dementia nurses and advocates; specialist organisations may include MIND, Alzheimer's UK, local charities and support groups.

Friends and family

Involving individuals' family and friends needs to be decided on a case by case basis as this will be appropriate for some individuals but not for others. For example, an individual may have chosen a family member or friend to represent their views on their behalf or you may have observed that an individual often refers to a family member or close friend for advice. Another individual may not have a close relationship with their family, or they may request that their family is not involved in decisions about their care and support and therefore it would not be appropriate to involve them.



Figure 7.3 How do you use your communication skills to access additional support and advice about conflict and dilemmas?

CQC, Skills for Care, HSE, trade unions

Other useful sources of support may be from the regulator (CQC) for more specific advice on how to promote your duty of care, or from Skills for Care for guidance on how to maintain good standards of care and support others to do the same. Your trade union, if you belong to one, is another source you could go to for advice on maintaining your legal duty of care or you could go to the Health and Safety Executive (HSE) for advice on how to carry out risk assessments effectively.



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Communication

Communication is crucial to getting additional support and advice on how to resolve conflicts or dilemmas that may arise between your duty of care and an individual's rights. Communicating effectively and clearly explaining the details around the conflict or dilemma will mean that you are able to source relevant advice and support, enabling you to resolve the dilemma. In other words, if you seek advice from your manager, you will need to ensure you know and communicate:

- the details around the dilemma
- what you would like the individual to do and your reasons
- what the individual would like to do and their reasons
- why these are in conflict.

All these points are important to communicate so that your manager has a clear understanding of the situation, the 'different sides' or viewpoints and can advise you.

Communicating clearly and being open and honest with individuals means that they will trust and respect you; this in turn will enable you to maintain good working relationships with them and resolve conflicts or dilemmas. Good communication will avoid misunderstandings and delays in resolving such dilemmas, and will involve you:

- explaining clearly to the individual why there is a dilemma
- explaining what action you are going to take to resolve it
- reporting and recording information about the dilemma fully and accurately.

Evidence opportunity

2.3 Additional support and advice about resolving conflicts or dilemmas about duty of care and individuals' rights

Produce a written account that explains where to get additional support and advice on how to resolve conflicts or dilemmas that may arise between the duty of care and an individual's rights.

LO3 Know how to respond to complaints

AC 3.1 Describe how to respond to complaints

Getting started

Think of an occasion when you were unhappy or dissatisfied about a service you received. For example, this may have been in relation to the attitude of a shop assistant who was serving you -perhaps the shop assistant rushed you or appeared indifferent while they were serving you. How did this make you feel? Why? Did you say anything? Why? If so, how did you say it and why? How did the shop assistant respond? How did their employer respond? Why? What improvements to the service do you think are needed?

All organisations that provide health and social care services are required by law to have a process in place to respond to complaints. We will look in more detail at what the law says about the main points that should be included in agreed procedures for complaints in [AC 3.2](#).

What is a complaint?

A complaint refers to when a person is not satisfied with an action or a lack of action by an employee or organisation and seeks to express their unhappiness so that the issue can be addressed. In adult care settings, complaints may be made in relation to many different issues, and by many different people such as individuals, family members or team members. A complaint may be made by an individual in relation to their care and support, or a team member in relation to their work rota, for example.

Complaints should not be seen as something negative; instead they are an opportunity to make changes and improvements to services. In fact, if your employer never received complaints about the service provided this may be more worrying than if they did! It could be an indicator that people are being discouraged from expressing their dissatisfaction, are too worried or afraid to do so, or that complaints are being ignored, not dealt with or are not being reported and recorded as they should be. Complaints will reveal if care, interactions, ways of working or anything about the setting is of a low quality and requires

improvement; they will highlight bad or incorrect practice and they will also highlight anything that is lacking, for example any services that are not currently offered.

How to respond to complaints

Every health and social care organisation will have developed their own process to follow when responding to complaints and this must be followed every time a complaint is made. As a Lead Adult Care Worker responsible for other staff, you have a central role to play in creating a fair, open and honest working environment where individuals and others including individuals' families and friends, team members, other professionals and visitors feel able to raise any concerns they have, knowing that these will be acted on quickly and addressed fully. It is therefore important that you feel confident about how to respond when a concern or complaint is brought to your attention as this forms part of your duty of care. You can feel confident by:

- knowing what your employer's agreed ways of working say about your role in responding to complaints
- discussing with your employer and asking questions about any aspect of the complaints process you are unsure about
- understanding how to respond to different types of concerns and complaints received.

It is important that all complaints are responded to fairly so that the complainant feels that their complaint is being treated seriously and quickly, any issues or concerns can be resolved and improvements made. To do this you need to view complaints as an important way to improve the service rather than as a negative criticism of the service being provided. Viewing and responding to complaints in this way will encourage mutual trust and respect between the complainant and the setting where you work and inspire confidence that the care setting is genuinely sorry for what has gone wrong and is doing its very best to put things right, promote best practice and improve their service.

Responding to complaints effectively is important and requires you to be:

- **a good listener:** this means listening to what the complainant is telling you about what happened without interrupting them so that you can ensure that you understand what happened. You will find it useful to refer to [Unit 303](#) Promote communication in care settings in relation to how to communicate effectively
- **fair:** this means remaining non-judgemental and non-biased towards the complainant. Being fair means not making assumptions about why the

complainant is raising their concerns and includes completing full and accurate records. You will find it useful to refer to [Unit 304](#) Promote effective handling of information in care settings in relation to how to complete records fully and accurately

- **supportive:** this means both directly and indirectly providing the complainant with support such as by explaining the complaints process to them yourself, or by ensuring they have the support they need to follow the complaints process. For example, they may need an advocate to support them through the process or require it in another format that they understand, such as pictures. You should be professional and sensitive and show your **courage** when handling complaints
- **assertive:** this means taking action quickly and confidently and may include directly handling a complaint yourself or passing this on to someone more appropriate. You will need to be polite at all times while remaining assertive, calm and professional
- **a good communicator:** this involves explaining the complaints process to the complainant clearly so that they can understand it, and keeping the complainant informed of the progress made with their complaint. You will find it useful to refer to [Unit 303](#) Promote communication in care settings in relation to how to communicate effectively.



6Cs

Courage

Courage relates to doing the right thing when you are handling complaints. This is important because you will then be complying not only with your employer's agreed ways of working but also with the legislation that is in place. You can show your courage by not ignoring any complaint, however small, be it informal or formal, and by ensuring you always respond to all complaints respectfully and sensitively.



6Cs

Commitment

Commitment relates to your determination to ensure that your ways of

working make a positive difference to individuals' lives. This is important when handling complaints so that complainants feel they can approach you with any concerns they have and not be deterred from complaining about any aspect of their care or support that they are unhappy about. You can show this by following your agreed ways of working and keeping the complainant informed about how their complaint is being handled throughout the whole process.



Figure 7.4 Can you respond to complaints effectively?



Reflect on it

3.1 Skills for responding to complaints

Reflect on the skills you have that are useful for responding to complaints. Why are these skills useful? Are there any other skills you need to further develop and/or improve? What difference would these additional skills make to the manner in which you respond to complaints? What potential impact could they have for you, your employer, the individuals and others you work with?

The process

When responding to complaints you must follow your employer's agreed ways of working. Any process for responding to complaints must include the

following key stages:

- 1 Acknowledge the complaint when you receive it.** The complainant may make an informal complaint verbally to a care worker or a formal complaint in writing to the manager of the service or organisation. Both types of complaint must be acknowledged; this is usually done by writing to the complainant. In this way the complainant will know that their complaint has been taken seriously.
- 2 Acknowledge the complaint quickly, in writing and within the agreed timescale.** For example, acknowledgement should be made within three days of the complaint being received. In this way the complaint can be acted upon quickly.
- 3 Make a decision over how to handle the complaint.** This could involve arranging for the complainant to meet with the manager of the service to discuss the issues raised or for a formal investigation to take place.
- 4 Reach a decision on how to handle the complaint and discuss this with the complainant.** The reasons why a meeting or a formal investigation is required must be communicated to the complainant as well as how long it will then take to reach an outcome; this could be done verbally first but then must also be documented in writing. Again, this must be communicated within the agreed timescale, for example within ten days of the complaint being acknowledged.
- 5 Contact the complainant and any others involved for further information.** If a formal investigation takes place, the person conducting the investigation will be impartial and may request to interview the complainant and/or any others involved.
- 6 After reaching an outcome a final, document a formal response and send this to the complainant.** This may be in the form of a full report of the investigation that has taken place, its findings and any suggestions for improvements that will be made as a result.
- 7 If the complainant thinks that their complaint has not been responded to fairly or by following the correct process, they will be informed that they have a right to contact an external organisation who will investigate their concerns.** This may be the [ombudsman](#) if the complaint is about the council, or the CQC if the complaint is about an independent provider of adult care services.



Key term

An **ombudsman** is a free independent service that investigates complaints against an organisation.

Note that an ombudsman can only look at certain complaints from agencies. The Local Government and Social Care Ombudsman (LGO) only looks at local authority complaints, the Parliamentary and Health Service Ombudsman (PHSO) looks at NHS and government departments. There is no ombudsman for private or voluntary care services.

Policies and procedures may include other agreed ways of working as well as formal policies and procedures, such as in relation to handling complaints.



Research it

3.1 CQC guidance

Research the guidance the CQC provides regarding making a complaint about a health or social care service:

www.cqc.org.uk/contact-us/how-complain/complain-about-service-or-provider

Discuss the key points to remember when supporting others to make a complaint.

Evidence opportunity

3.1 Describe how to respond to complaints

Referring to your employer's agreed ways of working, produce a written account that describes how to respond to informal and formal complaints received in the setting where you work. Include a list of dos and don'ts.

In addition, check that the complainant understands how to use the complaints procedure, explain how it works and what each stage involves including likely timescales. Inform your manager that the complaint has been made and follow your agreed ways of working for handling complaints as how complaints are received and responded to will be analysed as part of service reviews.

AC 3.2 Explain policies and procedures relating to the handling of complaints

As you have learned, following a process when responding to complaints aims to ensure that complaints are dealt with fairly, responded to fully and resolved as quickly as possible. Your employer will have in place a complaints **policy and procedures** as well as agreed ways of working that set out how to respond to complaints; this will include the roles and responsibilities of yourself and others. Handling complaints forms part of all care workers' training and is updated on a regular basis to ensure all care workers are following best practice when handling complaints.

Legislation/regulations/guidance and how it relates to handling of complaints

The policies and procedures relating to the handling of complaints in adult care settings are informed by regulations, guidance and legislation. Below we discuss additional information about the most relevant regulations and legislation.

Care Act 2014

- Promotes individuals' right to complain about any decisions the local authority makes relating to their care or support, for example how much care or support they need, where it will be provided and by whom, what they have to pay for and what services they can access.
- Places a duty on the local authority to have in place clear information and a clear process for handling complaints that can be accessed easily.

Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Regulation 16

- It states that all complaints received must be taken seriously and investigated.
- It states that all complaints must be acted on and action taken to make improvements when there are serious failures.
- It states that there must be an effective system in place for handling complaints including identifying, receiving, recording, handling and responding to complaints by individuals and others.
- It states that the complaints process must be managed by the person with overall responsibility for the adult care setting, such as the registered person at the setting.

- It states that the registered person must provide to the regulator (the CQC), when requested, a summary of all the complaints made as well as the registered person's response to these and all related correspondence in relation to the complaints made.

CQC's 2014 guidance document 'How to complain about a health or social care service'

- It states that all complaints must be investigated and responded to promptly and fully.
- It states that all services must make available a copy of their complaints procedure. This must include information about who to contact, how complaints will be handled and the improvements that will be made as a result of the complaint made.
- It states that complaints can be received in person, over the telephone, by letter or email.
- It states that if a complaint is made in person or over the telephone then the service must provide the complainant with a written copy of their complaint. They must let the complainant know how long they think it will take to investigate the complaint and provide them with a response.

Data Protection Act 1998

- It states that all personal information about individuals must be handled safely.
- This includes personal information that may be shared by complainants, for example in relation to how its security will be maintained when recorded and how it will be used, stored and shared during the complaints process. You can find more information about the Data Protection Act by reviewing your learning from [Unit 304](#) Promote effective handling of information in care settings.

General Data Protection Regulations (GDPR) 2018

It states that individuals have the right to make a complaint if data held about them by an organisation is not in line with the GDPR. The organisation must keep the individual up to date with the progress made with their complaint, their findings and the proposed outcome to resolve their complaint.

Complaints policies

Complaints policies in adult care settings are statements that set out how settings are complying with regulations and legislation relating to the handling of complaints. All complaints policies will include the following main points and

principles:

- **Being open to receiving complaints:** complaints are welcomed and seen as a way of making changes, learning and improving services.
- **Making the complaints process accessible to all:** complaints are easy to make and can be done so by everyone, awareness of how to do so is reinforced with everyone.
- **Taking complaints seriously:** all complaints are taken seriously.
- **Handling complaints effectively:** all complaints, if handled professionally, sensitively, promptly and fairly can be resolved; a named person for handling complaints is made available.
- **Inspiring confidence:** all complaints if handled openly and honestly will instil confidence in the process and enable complainants to be listened to.

Complaints procedures

Complaints procedures in adult care settings describe how adult care settings will handle complaints when received and set out the (step by step) process that will be followed by all staff, for all complaints. All procedures will include the process to follow for both informal and formal complaints. These may vary across different care settings but the key steps to take will be the same.

Case study 3.1, 3.2 provides you with an opportunity to review your learning about best practice points when responding to complaints.



Research it

3.2 Complaints procedures

Research the complaints procedures used in the care setting where you work. If you work in an individual's home and the individual is your employer, they will have in place a complaints procedure.

Now research the complaints procedures used in another adult care setting. How do these compare with your setting? Discuss their similarities and differences.



Case study

3.1, 3.2 Responding to complaints

Chen is a senior support worker. As she is about to leave at the end of her shift she sees Bobby, an older individual, sitting at the front of the entrance hall.

Chen: 'How are you Bobby?'

Bobby: 'Good thanks, just had lunch.'

Chen: 'Was it nice?'

Bobby: 'Excellent as always.'

Chen: 'Pleased to hear it.'

Bobby: 'I'm not moaning, but I wish they'd remember the salt and pepper pots when staff bring me my lunch in my room. Nothing wrong with my legs. I went downstairs and got them myself!'

Chen: 'Good, pleased to hear it.'

Bobby (mumbling quietly): 'Not really because by the time I sat down again, my lunch was cold.'

Chen: 'What was that?'

Bobby: 'I don't want to moan or complain, forget it.'

Discuss:

- 1 What action should Chen take and why?
- 2 Is Bobby making a complaint?
- 3 What are the consequences of Chen not responding to Bobby?

Evidence opportunity

3.2 Policies and procedures relating to the handling of complaints

Develop a flowchart that explains the main points included in policies and procedures relating to the handling of complaints.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested assessment methods to show your knowledge/skills
LO1 Understand how duty of care contributes to safe practice	
1.1 Reflect on it (page 297)	Discuss the points with your employer, and how your duty of care influences your work role. Write a reflective account.
1.1 Evidence opportunity (page 298) 1.1, 1.2, 1.3 Case Study (page 302)	Produce a verbal presentation or provide a written account. The Case study will help you think about the importance of exercising your duty of care and how to do it.
1.2 Reflect on it (page 301)	Discuss the points with your assessor or discuss the importance of duty of care and duty of candour. Include in your discussion the main links between both and how each one influences the other. Provide a written account.

Suggestions for using the activities	
1.2 Evidence opportunity (page 301)	Write an account of how your duty of care relates to your duty of candour in your current job role.
1.1, 1.2, 1.3 Case Study (page 302)	The Case study will help you with thinking about how the duty of care and duty of candour are related to each other.
1.3 Research it (page 301)	Produce a written account or a presentation that addresses the points in the activity or one that describes how the duty of care affects your job role in the care setting where you work.
1.3 Reflect on it (page 302)	Write a reflective account addressing the points in the activity or one that examines how the duty of care affects your work role on day-to-day basis.
1.3 Evidence opportunity (page 303)	Provide a written account.
1.1, 1.2, 1.3 Case Study (page 302)	The Case study will help you think about how your duty of care contributes to the safeguarding and protection of individuals.
LO2 Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care	
2.1 Evidence opportunity (page 304)	You could provide a written account.
2.1, 2.2, 2.3 Reflective exemplar (page 309)	The reflective exemplar is a useful source of information as it will help you think about the conflicts that may arise when carrying out your duty of care and supporting individuals' rights.
2.2 Reflect on it (page 305)	Provide a reflective account discussing how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care.
2.2 Research it (page 307)	Provide a written account describing how the Mental Capacity Act 2005 and its associated Code of Practice provides guidance on how to support the rights of individuals who lack capacity. Address the points in the activity.
2.2 Evidence opportunity (page 308)	Provide a written account.
2.1, 2.2, 2.3 Reflective exemplar (page 309)	The reflective exemplar is a useful source of information as it will help you think about how to manage risks effectively when conflicts or dilemmas arise between your duty of care and supporting individuals' rights.
2.3 Reflect on it (page 309)	Write a reflective account describing an occasion when you sought additional support and advice about a conflict or dilemma between an individual's rights and the duty of care in the care setting where you work.
2.3 Research it (page 310)	Draw a flowchart or write a personal statement to explain the process you must follow to get additional support and advice on how to resolve dilemmas that arise. Ensure that the details you include are in line with your employer's agreed ways of working.
2.3 Evidence opportunity (page 311)	Develop a written account or a verbal presentation to explain where to get additional support and advice on how to resolve conflicts and dilemmas that may arise in the setting where you work. Include sources of support and advice from both within and outside your care setting.
2.1, 2.2, 2.3 Reflective exemplar (page 309)	The reflective exemplar is a useful source of information as it will help you think about where to get additional support and advice on conflicts and dilemmas that may arise when carrying out your duty of care and supporting individuals' rights.
LO3 Know how to respond to complaints	
3.1 Reflect on it (page 313)	Write a reflective account addressing the points in the activity or of the process you followed when responding to a complaint received in the setting where you work.
3.1 Research it (page 314)	Complete the activity or discuss the key aspects of responding to complaints effectively with your assessor and provide a written account.

Suggestions for using the activities

3.1 Evidence opportunity (page 314)	Develop a written account or presentation of how to respond to complaints in the setting where you work.
3.1, 3.2 Case study (page 316)	You will find the Case study useful for thinking about how to respond to complaints.
3.2 Research it (page 315)	Discuss the complaints policy and procedures used in the care setting where you work as instructed. You could explain these to a colleague and provide a written account.
3.2 Evidence opportunity (page 316)	Provide a written account. Or you could obtain a witness testimony that explains how you follow your employer's agreed ways of working for handling complaints.
3.1, 3.2 Case study (page 316)	You will find the Case study useful for thinking about the process to follow for handling complaints.

Legislation	
Act/Regulation	Key points
Mental Capacity Act 2005	Arrangements for individuals with care and support needs who lack capacity must be put in place so that they can be supported to make decisions. It was also designed so that those working in health and social care could assess whether individuals have capacity. The Act outlined five principles which are important for you to know and understand in your role as you have a duty of care to comply with these when supporting individuals to make decisions that are in their best interests.
The Human Rights Act 1998	Everyone in the UK is entitled to the same basic human rights and freedoms. This includes individuals who have care and support needs. The Act supports individuals' rights to dignity, respect, to be treated fairly when accessing care or support services and to live safely and free from harm or abuse.
The Care Act 2014	Individuals have a right to make a complaint about their care and treatment if they are unhappy. It requires the local council to provide clear information about how to complain about their services.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16	Individuals have a right to make a complaint about their care and treatment if they are unhappy. It requires health and social care providers to have an effective system in place for identifying, receiving, handling and responding to complaints from individuals using the service and others. It requires that all complaints are investigated thoroughly, and action taken in response to any failures identified. It also requires providers to make available to CQC a summary of the complaints made along with all relevant correspondence.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20	All CQC registered health and social care organisations must be open and transparent with individuals and others such as their families, advocates in relation to individuals' care and treatment. It also requires providers to act when things go wrong with care and treatment, including informing those involved about the incident, providing support, true and accurate information and an apology when things go wrong.
Data Protection Act 1998 General Data Protection Regulations (GDPR) 2018	All individuals' personal information, including that shared during the complaints process must be kept secure and handled lawfully when recorded, used, stored and shared. In May 2018 the General Data Protection Regulation came into effect. It provides detailed guidance to organisations on how to govern and manage people's personal information and this will need to be included in care settings' policies, procedures, guidelines and agreed ways of working.

Further reading and research

Books and booklets

Ferreiro Peteiro, M. (2015) *Level 3 Health & Social Care Diploma Evidence Guide*, Hodder Education

Care Quality Commission (2015) 'Regulation 20: Duty of candour: Information for all providers: NHS bodies, adult social care, primary medical and dental care, and independent healthcare', available at:

www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.p

Weblinks

www.alzheimers.org.uk Alzheimer's Society – information on supporting individuals who have Alzheimer's

www.cqc.org.uk Care Quality Commission (CQC) – information from the regulator of all health and social care services about the standards expected from care settings and workers providing care and support to individuals, information about guidance about the duty of candour

www.gov.uk GOV.UK – for information about current and relevant legislation for the duty of care such as the Care Act 2014

www.mind.org.uk Mind – information about supporting individuals with mental health needs

www.relres.org The Relatives & Residents Association – the national charity for older people in or needing care and for their relatives and friends. It provides advice on care and what to do when it goes wrong

www.skillsforcare.org.uk Skills for Care – information about the knowledge, skills and behaviours expected from adult care workers, including information about the Care Certificate

306 Promote equality and inclusion in care settings



About this unit

Credit value: 2

Guided learning hours: 18

Promoting **equality**, **diversity** and **inclusion** in care settings is essential for delivering safe, good quality care and creating a positive, caring and fair environment. In this unit, you will learn about the meaning and importance of equality, diversity and **inclusion**, the reasons why these concepts are important to your role as a Lead Adult Care Worker or Lead Personal Assistant and how they can enable you to reduce the likelihood of **discrimination** from occurring.

Being able to practice in an inclusive way involves you complying with relevant legislation, policy and codes of practice, all of which you will find out about in this unit including how you can apply them as part of your job role and responsibilities. You will be able to practise your skills for showing respect for individuals' beliefs, culture, values and preferences and positively challenging discrimination when it occurs.

Being an effective leader involves modelling inclusive practice and supporting others to promote equality and rights; this unit will provide you with the knowledge to develop these skills as part of your day-to-day working practices and support you to challenge discrimination in ways that promote change.

Learning outcomes

By the end of this unit you will:

LO1: Understand the importance of diversity, equality and inclusion

LO2: Be able to work in an inclusive way

LO3: Be able to promote diversity, equality and inclusion

LO1 Understand the importance of diversity, equality and inclusion

Getting started

Write a profile about yourself that explains what makes you unique. Now write a profile for two other people you know well; this could be a friend or a member of your family. Describe three ways in which you are all different and three ways in which you are all similar. For example, you may be from different backgrounds and have different interests or you may be of similar ages and have similar personalities.

Why do you think differences are important? How can differences enhance your relationships with others?

AC 1.1 Explain what is meant by: diversity, equality, inclusion and discrimination

Understanding diversity in adult care setting

People are varied in many different ways, such as in where they live, how they look, how old they are, what interests they have, what their family background is, what experiences they have, what opinions they have, what skills they have, and what beliefs they hold. Adult **care settings** are part of the UK's diverse society and are therefore also diverse. For example, there are:

- a wide range of different types of adult care settings, such as residential care homes, nursing homes, supported living schemes and individuals' own homes
- different services provided in these, such as healthcare and social care
- different individuals accessing these, such as adults, children, young people and individuals from different backgrounds with different needs, abilities, preferences, cultures, beliefs and values
- different people working in these with different skills, knowledge, levels of expertise, qualifications, in different job roles, with different backgrounds and from different cultures



Key terms

Equality means treating people fairly and valuing them for who they are. It means not to see anyone as less important than someone else. In an adult care setting, this also means making sure that everyone is entitled to the same rights, and opportunities.

Diversity means different types and variation. This could refer to different people, or things. In an adult care setting for example, you will come across various different people, from different or 'diverse' backgrounds and needs. They may be different, for example because of where they come from, how they dress, and their age.

Inclusion means being included or involved, for example being part of a wider group, or a group of friends. In an adult care setting, this means ensuring that all individuals are able to be included or partake in everyday life regardless of any differences. This can create a sense of belonging.

Social inclusion means providing opportunities for individuals to

participate and be involved in their wider communities so that they feel included, have a role and are part of society. This might be through accessing public transport, socialising with friends, accessing a course at a local college or participating in a local cultural event.

Discrimination means treating people unfairly or unlawfully, because they have a disability, or are of a different race, gender or age, for example.

Care settings refer to adult care settings as well as adult, children and young people's health settings. This qualification focuses on adult care settings.

Your job role will mean that you will need to be able to provide care and support to individuals with different needs and abilities and support others to do the same. In order to do this effectively you will need to recognise that all individuals are unique and have their own specific preferences, cultures, beliefs and values; these will not only differ to those of other individuals but may also be different to your own. This is true whatever your nationality, religion, race, gender, or sexuality. You will need to be able to develop the ability to put your own beliefs and values to one side and support others to do the same so that you and others can genuinely promote individuals' right to be different – the basis of all high-quality care and support.

We are living through a pivotal time in history, a social revolution, especially with regards to the rights of lesbian, gay, bisexual, transgender and queer (LGBTQ) people. This renewed awareness of the importance of diversity and equality has led to same-sex marriage being legalised in the UK in 2014 and the first same-sex marriages took place in the same year, as well as an increase in the open discussion of women's rights and issues around historical abuse. These discussions are now occupying an important place in the political arena and are crucial to social change.

Your job role will also involve you working alongside people with differing levels of expertise; some of your colleagues will be more experienced than you, others will not and will look to you for guidance and support. You will need to be able to adapt your working practices and approaches so that you can listen and learn from your colleagues but also be able to provide support, guidance and advice when it is needed from you. The colleagues you work with will be from a range of different backgrounds, cultures and may have beliefs and values that are different from your own. Recognising and valuing these differences will mean that you will be able to work effectively together and learn from one another.

because everyone will feel valued and respected. Not doing so will make working relationships between you and others difficult and will create tension within the team as a whole.

Understanding equality

Equality involves valuing people as individuals and treating people fairly. It involves showing your respect for people's individuality and respecting their rights as well as ensuring that they are provided with equal access to life opportunities. Treating people equally does not mean treating everyone the same.

In the UK equality did not always exist until the government brought in laws to prevent people from being treated unequally and therefore unfairly (this unfair treatment of people is referred to as discrimination. You will learn more about what this involves later on in this section and about the associated legislation in [AC 2.1](#)).

Inequalities in the UK still unfortunately form part of our society. For example, only recently did the media report that some women doing the same jobs as men as television presenters were being paid less than their male colleagues. This led to companies investigating the [gender pay gap](#) in their organisations to look at the difference between the earnings of men and women. Older people also continue to be treated less favourably with, for example, the government making cuts to their care funding. Equality in the UK is essential for everyone to be able to exercise their rights and improve their lives.



Key terms

The **gender pay gap** refers to the difference in the hourly earnings between men and women.



6Cs

Commitment

You will need to be committed or dedicated to promoting equality, diversity and inclusion in the setting, and working in a person-centred way in order to uphold the individuality and rights of the individuals and others you work with, ensuring that their experiences of care and support and working

with you are positive. This is important so that individuals and others feel valued, are able to live according to their preferences and can fulfil their job roles and responsibilities effectively. You can show that you are committed to promoting equality, diversity and inclusion as well as person-centred values, by treating each person with respect and showing a genuine interest in their preferences, experiences, and background.

How do you show that you work positively alongside individuals with care or support needs? How do you show that you work positively alongside other team members? What qualities do you show when working together with your colleagues? How can working with diverse individuals further develop your knowledge and skills?

Equality in adult care settings

Equality underpins all high-quality care and support provided in adult care settings. You can treat individuals fairly and respectfully, for example by ensuring that you find out about and respect their unique needs and preferences in terms of, for example, how they communicate, the choices they make with respect to their daily living tasks and how they live their lives. You can ensure that individuals have access to the life opportunities available to everyone else by not making assumptions about what they are capable of or not and by focusing on their strengths. Treating individuals in a way that denies their rights to individuality and does not respect their differences will make them feel devalued and isolated and will subject them to unfair and unequal treatment.

Equality must also underpin your current work practices and associated job role responsibilities in order to comply with your employer's agreed ways of working and all relevant legislation (you will learn more about legislation and codes of practice in [AC 2.1](#)). You can treat the people you work with fairly and respectfully by ensuring that the way you communicate and interact with them is polite and takes account of their needs and views which may be different to your own. For example, you may work with an individual's family who are from a different culture to yours. It is important that you find out from them about their culture and beliefs rather than make assumptions as they may have their own practices and customs that are unique to them. In this way, you can ensure that your behaviour and actions are not offensive or misinterpreted by other people.

Remember that promoting equality and diversity is one of the standards and behaviours expected of you as a Lead Adult Care Worker or Lead Personal Assistant; you will find it useful to review your knowledge about this in [Unit](#)

[301](#) Promote personal development in care settings, [AC 1.2](#). Maintaining equality in the care setting where you work, in the community where you live and in society in general will mean that you will be contributing to an environment where instability and misunderstandings are avoided and instead positive feelings and relationships are created.

Understanding inclusion

Inclusion involves creating an environment where people are, and feel, involved in day-to-day life. This can only happen when people feel their differences are valued, treated fairly and respected and they are supported to take part in aspects of living that they enjoy, are interested in or want to be involved in. Inclusion is not about finding reasons why people are unable to take an active part or why people need to be excluded but rather it is about finding the best ways to provide people with the right type and amount of support that they need to do what they want to do. Being included is something everyone aspires to because it is part of our human nature – most of us do not want to live our lives in isolation but instead enjoy sharing our lives with others such as our families and friends. Being included creates feelings of warmth and gives us a sense of belonging and purpose. Being excluded leads to people being discriminated against and marginalised as well as communities and society being deprived of diverse people, knowledge, skills and experiences. You will learn more about discrimination and its associated effects in [AC 1.2](#).

Inclusion in adult care settings

Your role as a Lead Adult Care Worker or Lead Personal Assistant involves creating a sense of inclusion for all those you work with. In terms of the individuals with care or support needs that you work with it is important that you are committed to providing individuals with the support they need to have a sense of purpose or meaning to their lives and you are able to support other team members to do the same. For example, when a newly recruited team member confides in you that they are finding it difficult to fit in because everyone else in the setting knows each other, you can act as a good role model by empowering them to play an active part in the team by ensuring they are given opportunities to share their ideas and contributions in discussions and team meetings and are not excluded by others in these. You may also decide that you can actively support them by ensuring that they work alongside the members of the team who will give them the confidence to be themselves and feel they belong.



Key terms

Active participation means enabling individuals to be involved in their care and support and can mean that people feel in control of their day-to-day choices.

Understanding discrimination

Discrimination is what occurs when equality, diversity and inclusion have not been promoted or successfully implemented. Discrimination involves treating individuals or groups of people unfairly or unequally. It occurs when people:

- **stereotype:** this involves having beliefs about, or making generalisations or assumptions about people that are negative and not based on fact, for example that all young people are lazy, all older people are frail
- **label:** this involves placing negative labels on people that single them out from others and make them feel unworthy or devalued, for example ‘gingers’ (based on people’s hair colour), or offensive labels based on people’s race and ethnicity or gender
- **are prejudiced:** this involves having an untrue, biased preconceived opinion about people that is not based on facts or reason and are based on people’s belonging in a certain group, for example all immigrants are thieves, all adults with autism cannot communicate
- **are denied their rights:** this involves preventing people from having and exercising the rights they are entitled to, for example privacy, dignity, respect, to live safely free from harm and abuse
- **are oppressed:** this involves the misuse of power, for example a Lead Adult Care Worker misusing their position of authority to ensure an individual does not refuse their medication, or a Lead Personal Assistant misusing their position of authority to prevent an individual from complaining about their care
- **are disempowered:** this involves the loss of control over one’s life, for example not providing individuals with choices, or not taking into account a team member’s opinions when agreeing on a new way of working.

[Figure 8.1](#) shows examples of some of the main ways how stereotypes, labels and prejudices are created. It is important that we are aware of our own prejudices because we all have some and they will affect how we think about other people and therefore how we treat them.

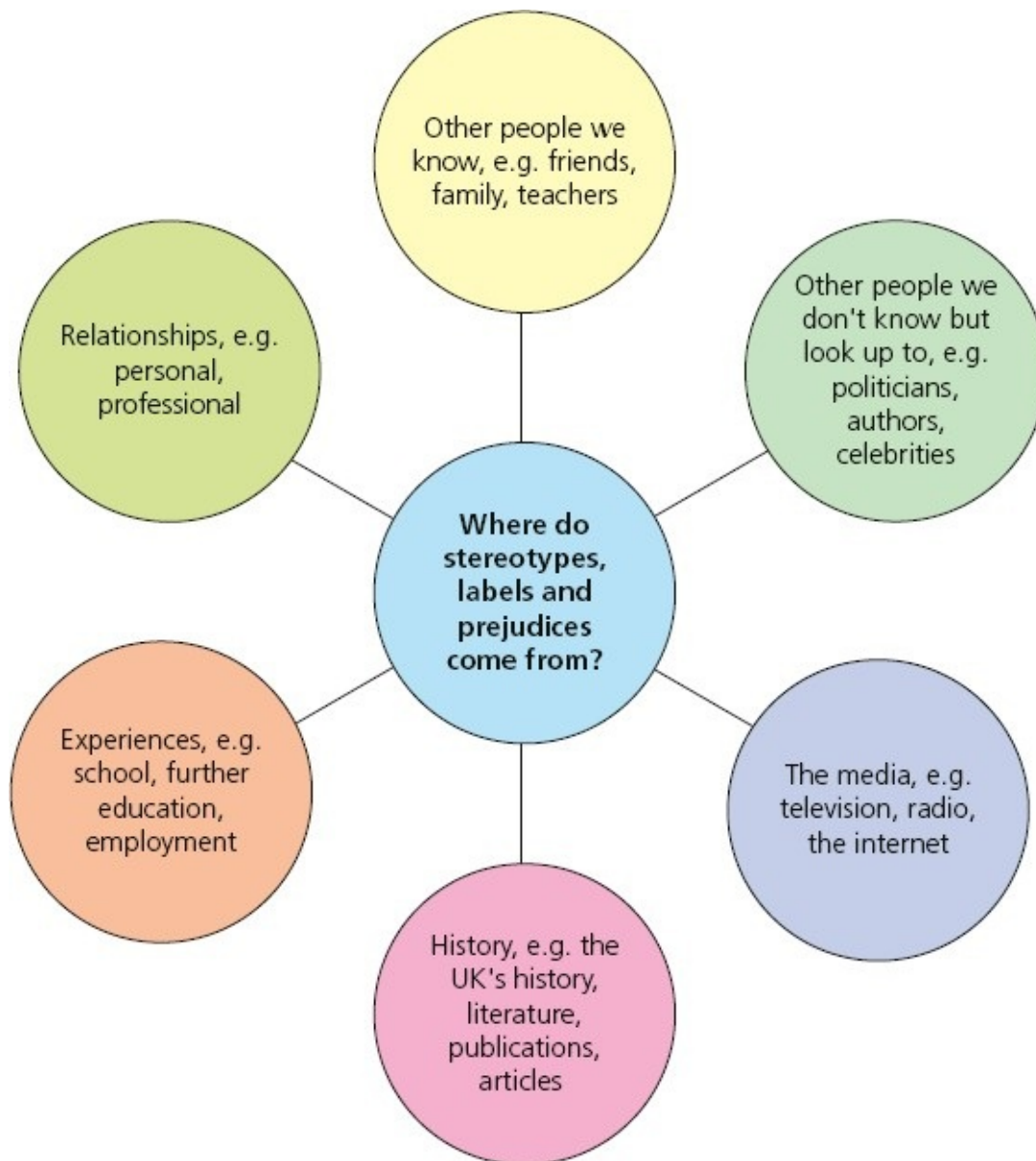


Figure 8.1 Stereotypes, labels and prejudices



Reflect on it

1.1 Your prejudices

Reflect on the prejudices you think you may have and where you think they have come from. Why are these negative? What steps can you take to ensure that they do not affect your interactions with others, or impact on your working practices in negative ways?

Types of discrimination

In the UK, it is unlawful to discriminate against a person based on their age, gender, marital/civil partnership status, being pregnant or on maternity leave, their disability, race including colour, nationality, ethnic or national origin, religion, belief or lack of religion/belief or sex and sexual orientation. These characteristics are referred to as the ‘protected characteristics.’ There is more on this in [AC 2.1](#).

The following types of discrimination are recognised in the UK and everyone is protected from these by the Equality Act 2010. You will learn more about the legislation that relates to discrimination in [AC 2.1](#).

- **Direct discrimination:** treating someone with a protected characteristic unfairly and less favourably than others. For example, excluding an individual from a service because of their disability.
- **Indirect discrimination:** putting rules in place that apply to everyone, but that puts someone with a protected characteristic at an unfair disadvantage. For example, offering additional support to team members only on Mondays and Tuesdays during office hours will exclude workers who only work weekends and night shift workers.
- **Harassment:** unwanted physical, verbal or non-verbal behaviour linked to a protected characteristic that violates someone’s dignity or creates an offensive environment for them. For example, ridiculing a person in front of others because they are changing gender/identifying with a different gender.
- **Victimisation:** treating someone unfairly because they have complained about discrimination or harassment. For example, excluding an individual’s family member from a meeting for all individuals’ families because they have complained about a team member’s negative behaviour towards their relative.

Source: *Discrimination: your rights: How you can be discriminated against* – [GOV.UK](#)

Discrimination in adult care settings

Adult care settings are environments where individuals with care and support needs live and people work; everyone in adult care settings has a right to live and work safely and be free from being discriminated against. If you become aware that a person with a protected characteristic in the care setting where you work is being discriminated against then you have a **duty of care** (definition on page [326](#)) to support them; this is referred to as taking positive action and is lawful under the Equality Act 2010. Taking positive action involves employers

helping people with a protected characteristic if they:

- are disadvantaged from accessing employment or their [active participation](#) (definition on page [323](#)) is low
- are disadvantaged from accessing training or their active participation is low
- have specific needs that are different to people without their protected characteristic.

Employers can reduce the potential for people with a protected characteristic being discriminated against by, for example, offering them a work placement or providing them with additional support to access and participate in training. As a Lead Adult Care Worker, you will also be expected to follow your employer's agreed ways of working for taking positive action. How effective you are will depend on how committed you are to taking positive action and ensuring that you are able to prevent people from being discriminated against. For example, if an individual with a physical disability told you that they were refused entry to a cinema because the lift was not working, what positive action could you take? Perhaps you could support the individual to write a letter of complaint to the cinema or suggest to the individual that they request a meeting to discuss their experience with the cinema's owners. What would you do and why? How would the actions you take prevent the individual from further discrimination?

You need to be aware of 'institutional racism' that exists in institutions such as care settings and society more generally before you can try to tackle it.



Key terms

Duty of care refers to your responsibility or duty to ensure the safety and well-being of others while providing care or support. This concept is covered in [Unit 305](#) Duty of care in care settings.

Evidence opportunity

1.1 Diversity, equality, inclusion and discrimination

Discuss with your assessor what is meant by equality, diversity, inclusion and discrimination in the care setting where you work. Think about the meaning of diversity from the perspective of:

- 1 the individuals you work with
- 2 your colleagues and

3 others who visit the care setting where you work, such as individuals' families and other professionals.

Provide a written account to document your discussion or if you haven't discussed this, then just provide an explanation of what is meant by each one.

AC 1.2 Describe the effects of discrimination

Discrimination has many negative effects and can impact on the lives, not only of those individuals being discriminated against but also on their families and friends, those who carry out the discrimination as well as on wider society. The effects of discrimination do not occur in isolation and may last for both the short-term and long-term irrespective of how often the discrimination has occurred (once or repeatedly) or the type of discrimination (direct, indirect, harassment or victimisation).

Effects on the individual

Being discriminated against can affect different aspects of individuals' well-being including their physical, emotional and social health. Each of these aspects of individuals' well-being are inter-related because, as the example that follows shows, one aspect can impact on another. Physically, an individual may suffer bruises, cuts and burns if physically abused by another person. This may lead to a deterioration in the individual's physical health which may have fatal consequences for some individuals. An individual's emotional well-being may also be affected as a result of being subjected to this abuse and discrimination; the individual may experience high levels of anxiety and/or anger as a result of their maltreatment. Their emotional health is bound to negatively affect their physical health because feeling this way could lead to the individual becoming increasingly stressed which ultimately may lead to physical illness. Emotionally, the individual may also be very vulnerable because they will be left feeling devalued, humiliated, upset and traumatised by the experience. This in turn will affect how they think and view themselves – they may blame themselves for what has happened, which will affect the value they put on themselves (self-esteem) as well as their personal confidence.

This negative experience will also impact drastically on the individual's social health, because with low personal confidence and high levels of anxiety the individual may decide to withdraw from social situations where they meet others for fear of being discriminated against. They may mistrust others and therefore be less likely to make friends and become isolated. Social isolation may lead to high levels of anxiety causing high blood pressure and poor emotional health including feelings of helplessness and depression. As is demonstrated in this example, the effects and consequences of discrimination are all linked to one another, so it is important that you understand all the effects.

Being discriminated against may also mean that the individual will find it difficult to gain employment as they may not have the confidence to be able to do so. If the individual's physical and emotional health is affected, then these will become additional barriers to the individual finding or maintaining employment and therefore earning an income. In turn this could impact negatively on their health. The effects and consequences are therefore linked to one another, so it is important you understand the various effects and issues here.

Effects on families or friends of the individual

Being discriminated against can have a devastating effect on the families or friends of the individual. Imagine that a family member told you they were being harassed by some of their colleagues at work. How would you feel? You may experience feelings of disgust, anger or anxiety or a mixture of all three. You may also feel guilty or blame yourself that you have been unable to prevent this from happening to them. Knowing that someone you care about is being treated unfairly and in a way that is unacceptable can make you feel disempowered and can cause you to experience high levels of anxiety in case they continue to be hurt. This could have potentially detrimental effects on your physical and emotional health. You may become extremely protective towards your family member, which may lead to your relationship becoming strained and difficult. The effects that discrimination can have on the families or friends of individuals is very much underestimated but as is shown here there can be many, some of which can last a long time and continue to impact on people's lives even after the discrimination has stopped.

Effects on those who inflict discrimination

People who inflict discrimination on others do not go unaffected themselves. Some of those who inflict discrimination may have been discriminated against themselves. They may as a result of their own negative experience feel very angry and upset. They may think that putting others through the same negative experience, or showing others the pain and suffering they experienced, will make them feel more powerful. Unfortunately, however, this is rarely the case. Often individuals who inflict discrimination continue to feel angry about their past experiences and the pain and suffering they felt does not go away; in fact, it may worsen and impact on their well-being. You should try and understand how those who discriminate feel, and why they discriminate as well as the feelings of those who are discriminated against in order to be a compassionate and empathetic adult care worker.

Effects on wider society

Discrimination can also impact negatively on wider society because it prevents communities and work settings from being effective. For example, discrimination leads to ill-feelings and therefore an unpleasant environment that makes it difficult for people to value each other's differences and respect each other. This in turn will have a negative impact on how people communicate and relate to each other because discrimination can lead to some people being excluded from, for example, community activities. As you have learned, this causes people to be labelled in a negative way, not only resulting in feelings of distrust and creating untrue perceptions but also may lead to those people who are discriminated against withdrawing from their communities and becoming physically and emotionally unwell. They may even begin to believe the label they have been given and therefore become less economically active which is not beneficial for the community or wider society. This concept is referred to as a 'self-fulfilling prophecy'.

Similarly, where discrimination occurs in work settings this may mean that these settings do not have a diverse workforce with different skills to draw on when recruiting for job roles. This can lead to individuals' needs not being met because the work setting will not have the workforce with the right skills, as people from diverse backgrounds will not be recruited. In addition, employees may not want to work in these settings as they may feel unwelcome or afraid of being excluded or discriminated against if they do. Fostering diversity, equality and inclusion is essential for ensuring that the wider society continues to thrive.



Research it

1.2 Self-fulfilling prophecy

Research the meaning of the term 'self-fulfilling prophecy'. You may find the link below useful:

www.psychologytoday.com/blog/psychology-writers/201210/using-self-fulfilling-prophecies-your-advantage

Discuss how self-fulfilling prophecy can impact negatively on individuals who have been discriminated against and on wider society.



Reflect on it

1.2 Consequences of lack of diversity

Reflect on the consequences of your work setting not consisting of a diverse team. What impact would this have on the individuals with care or support needs? What impact would this have on individuals' families and friends? What impact would this have on you and your job role? Why?

Evidence opportunity

1.2 Effects of discrimination

Identify one type of discrimination that can occur in the setting where you work. Develop a case study to describe the effects on the individual, the family or friends of the individual, the person inflicting the discrimination and on wider society. Remember the rules around confidentiality and protecting the individual's details if you include the case study as part of your portfolio.

AC 1.3 Explain how inclusive practice promotes equality and supports diversity

Inclusive practice is essential for preventing discrimination from taking place because working in inclusive ways promotes equality and supports diversity by supporting people's rights to be treated fairly and have their differences taken into account and valued so that they can be included.

Below are some examples of the different ways that you can promote equality and support diversity, and thus promote inclusive practice. You will learn more about how you can support others to do the same by modelling inclusive practice in [AC 3.1](#).

Promoting equality

You can promote equality by:

- **Upholding people's rights:** for example, to be treated fairly; not to be discriminated against or harmed; to privacy; to dignity.
- **Respecting people:** for example, as citizens living in the UK; as experts in their own care and support; by understanding and valuing their differences.
- **Fostering equal opportunities:** for example, by familiarising yourself with your work setting's equal opportunities or equality policy; by providing information and training for people in a format that they can understand; by adapting working practices when a person's needs change.
- **Not tolerating or engaging in discrimination:** for example, by challenging and reporting discrimination in line with agreed ways of working; by using inclusive working practices. You will learn more about how to challenge discrimination positively in [AC 3.3](#).



Reflect on it

1.3 Your working practices

Reflect on your last week at work. How many examples can you think of where your working practices promoted equality in the setting where you work? Were there any occasions where you found this difficult to do? Why? What needs to be put in place to address these areas of inequality?

Supporting diversity

You can support diversity by:

- **Being committed to inclusive practice:** for example, by working in ways that promote equality and diversity; by familiarising yourself with your work setting's diversity policy; by participating in diversity training.
- **Encouraging opportunities for diversity:** for example, by actively finding out about people's differences; by encouraging people to talk about their differences and how they can be supported; by involving individuals in planning their care or support.
- **Promoting diversity:** for example, by providing information and training to people in diverse ways such as through the use of diverse images in the setting's marketing information; by taking into account people's differences such as their beliefs, values and preferences.
- **Providing high-quality care or support:** for example, by ensuring all care and support is centred on the individual and fulfils your duty of care.

The benefits of promoting equality and supporting diversity

Inclusive ways of working have many benefits including:

- **Creating an inclusive environment:** i.e. an environment where everyone feels included, valued, has their differences respected and are able to reach their full potential.
- **Building positive relationships:** i.e. by instilling confidence, trust, mutual respect and by developing effective communication.
- **Developing effective team work:** i.e. where everyone feels like they belong, have a purpose, work together and learn from each other.
- **Developing effective working practices:** i.e. where new skills, knowledge and working approaches are shared, discussed and developed and where new ideas are actively encouraged.



Case study

1.1, 1.2, 1.3, 2.2, 3.2 Promoting equality, inclusion and supports diversity

Rachel is a Lead Personal Assistant and is responsible for managing the staff work rota. Rachel ensures that she takes into account wherever possible the needs of both staff and individuals when developing the staff

rota. In terms of staff needs, Rachel takes into account that Personal Assistant Nina has requested to not work Sunday mornings because she attends church, Personal Assistant Michael has requested time off this month to support his partner and Lead Personal Assistant Monica has requested to work only mornings so that she can support her sister with the care of their father.

In terms of supporting Josh who has autism with his needs, Rachel ensures she takes into account, when developing the staff rota, Josh's preferences to be supported by Michael when he goes swimming on a Saturday afternoon and to have two personal assistants support him when he visits his family in East London as he finds the train journey very stressful.

Rachel is also responsible as a Lead PA for handling any concerns and complaints that are received about Josh's care and support. Josh has spoken to Rachel in confidence and has informed her that he feels uncomfortable when Nina works on a Sunday afternoon because she talks a lot about going to church on a Sunday and keeps asking him whether he would like her to take him to her church. Josh has asked Rachel to speak to Nina because he does not want to offend her by saying 'no', but also does not want her to keep on talking to him about her church.

Discuss:

- 1 How is Rachel supporting diversity?
- 2 How is Rachel promoting equality and inclusion?
- 3 How can Rachel address Josh's concerns? How are Nina's actions affecting Josh?
- 4 What should Rachel say to Josh?
- 5 What should Rachel say to Nina?

Evidence opportunity

1.3, 2.1 Inclusive practice in your setting

Produce a short presentation that explains how your practice promotes equality, inclusive practice and supports diversity and is in line with your employer's agreed ways of working.

LO2 Be able to work in an inclusive way

AC 2.1 Explain how legislation, policy and codes of practice relating to equality, diversity and discrimination apply to your work role

It is important that as a Lead Adult Care Worker you know about the main laws, policies and codes of practice so that you can work in an inclusive way and support others to do the same. It is also essential that your knowledge and practices are up-to-date in relation to understanding individuals' and others' rights to equality and diversity and your and others' responsibilities to prevent discrimination. UK and international laws relating to equality, diversity and discrimination set out the rights that people have as well as the responsibilities that you and others have to protect and uphold these.

The following laws are the main ones that relate to supporting equality, diversity, inclusion and preventing discrimination (it is important to note, however, that there may be changes to legislation as a result of **Brexit**; see page [332](#) for more information).

Legislation related to equality and inclusion and how it relates to your role

The Human Rights Act 1998

This establishes the human rights and freedoms that everyone in the UK has. It promotes fairness, dignity and respect and protects these human rights from being infringed. You and others who work in adult health and social care will work in line with this Act which establishes the rights and freedoms to:

- Right to life: you and others will not deprive a person of their life.
- Freedom from torture: you and others will not subject a person to torture or to inhuman or degrading treatment or punishment.
- Freedom from slavery and forced labour: you and others will not hold a person in slavery or servitude or require them to carry out forced or compulsory labour.
- Right to liberty and security: you and others will not deprive a person of their liberty or make the person feel unsafe.

- Right to a fair trial: you and others will uphold a person's right to a fair and public hearing within a reasonable time that will be carried out both independently and impartially.
- Freedom from punishment without law: you and others will support a person's right to not be tried or convicted of a criminal offence under a retrospective law.
- Right to respect for private and family life: you and others will respect a person's privacy, family life, home and correspondence.
- Freedom of thought, conscience and religion: you and others will respect a person's right to have their own thoughts, beliefs and values, be able to practise these and change these.
- Freedom of expression: you and others will respect a person's views and opinions and to have information provided to them in an impartial and unbiased way.
- Freedom of assembly and association: you and others will uphold a person's rights to peaceful assembly and association with others such as a person's right to join a trade union.
- Right to marry: you and others will uphold a person's right to marry and found a family.
- Freedom from discrimination: you and others will uphold a person's rights to not be discriminated against when exercising their rights and freedoms under this Act.
- Right to protection of property: you and others will not deprive a person of their possessions or of their enjoyment of their possessions.
- Right to education: you and others will not deprive a person of accessing education in line with their beliefs.
- Right to free elections: you and others will uphold a person's right to express their opinions freely and take part in elections.

The Data Protection Act 1998

This promotes people's rights to be treated fairly in relation to their information and data. It also safeguards people from having their information and data misused or obtained unlawfully. You and others in adult health and social care will work in line with this Act which establishes the following rights:

- Right to have information and data processed fairly and lawfully: you and others will ensure that an individual's permission has been sought before information is obtained from them and will only be shared with those who

have the right or need to know it such as in emergency situations.

- Right to have information and data only used for the purpose it was intended: you and others will ensure that information gathered is only used for the purpose for which it was intended.
- Right to have only adequate and relevant information and data obtained: you and others will only obtain and use information that is relevant and needed.
- Right to have information and data kept up to date: you and others will ensure the information held about a person is accurate and up to date by verifying this with them.
- Right to have information and data kept only for as long as necessary: you and others will ensure that when information and data is no longer needed it is destroyed in line with your employer's agreed ways of working.
- Right to have information and data used in line with their preferences: you and others will ensure that a person knows what information is being held about them and how it is going to be used and you and others will support their rights to prevent their information being used when they no longer want it to be used.
- Right to have information and data kept secure: you and others will maintain the confidentiality of a person's information and data and ensure that it is kept secure in line with your employer's agreed ways of working.
- Right to not have information and data transferred to other countries: you and others will not transfer a person's information to other countries if a person has not given their permission because other countries may not have in place the required data protection requirements to keep information and data secure.

General Data Protection Regulations (GDPR) 2018

In May 2018, the Data Protection Act was replaced by the General Data Protection Regulation (GDPR). The GDPR gives individuals greater rights over their personal information, stating that:

- Organisations will have to demonstrate how they have obtained individuals' consent when handling information.
- Individuals will have the right to give and to withdraw their consent for processing information.
- Individuals' rights and interests must be safeguarded when information is being processed, for example to rectify inaccurate personal data.
- All public authorities must have a named data protection officer who is responsible for ensuring the organisation is complying with the GDPR and is

the main point of contact.

Special Educational Needs and Disability Act 2001

This promotes the rights of people with disabilities to have reasonable adjustments made by schools, colleges, universities, adult education providers, statutory youth services and local education authorities. It sets out the rights that people with disabilities are entitled to:

- Right to equal opportunities: to be offered the same opportunities and choices that people who do not have disabilities are offered.
- Right to support: to be offered support to make choices and participate such as through the provision of a specialist support person for an individual with a learning disability or the provision of teaching and learning materials in alternative formats such as in Braille for individuals who have sight loss.

You should also research the SEN Code of Practice 2014 which details legal requirements that you must follow without exception and statutory guidance that you must follow by law unless there is good reason not to.

The Mental Capacity Act 2005

This protects and promotes the rights of those people who are unable to make their own decisions due to a condition or disability, for example dementia, a learning difficulty or a head injury. It sets out the following rights that you and others who work in adult social care must protect and promote:

- Right to presumption of **capacity** (see page [332](#) for definition): you and others must not assume that an individual is unable to make their own decision (unless it is proven otherwise) because they have a condition or disability.
- Right to support for decision making: you and others must provide an individual with the support they require to make their own decisions, such as by providing information in a language or format that the individual understands, for example Braille or Makaton.
- Right to making unwise decisions: you and others must support an individual's right to make their own decisions that may be different to your own, even if you and others think they are unwise.
- Right to best interest decisions: you and others must make decisions on behalf of an individual who lacks capacity that are in their best interests only and be able to evidence why the decisions made are in the individual's best interests.
- Right to least restrictive decisions: you and others must ensure the decisions you make on behalf of an individual who lacks capacity are reasonable and the

least restrictive option in terms of their rights and freedoms, for example providing support to an individual who is prone to falling and requests to go for a walk on their own in the garden is the least restrictive options as opposed to locking the garden door so that the individual cannot access their garden.

Note: Decisions must be made in the best interests of individuals where they lack capacity to make their own decisions about specific actions. Assessments are usually carried out by staff trained as Best Interest assessors.

Best interests are also mentioned in [Unit 305](#) Duty of care in care settings. You may find it useful to refer to that unit.

The Equality Act 2010

This protects people's rights to be treated fairly and safeguards people from being discriminated against because of their individual differences. It also promotes equality of opportunity. You and others who work in adult health and social care will work in line with this Act which establishes the following rights:

- Right not to be discriminated against: you and others must not discriminate either directly or indirectly against a person because of a protected characteristic; these are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, sex, sexual orientation. This includes the right not to be discriminated against because the person is associated with someone who has a protected characteristic.
- Right to equal opportunities: you and others must support a person's right to access goods, services education, employment, housing, transport without being discriminated against. Pay secrecy clauses in employment are also unlawful.
- Right to reasonable adjustments: you and others must support the rights of a person with a disability to have adjustments made by service providers such as installing a ramp so that a person who uses a wheelchair can access the service.
- Right to breastfeed in public: you and others must support the rights of a woman to be able to breastfeed in public.
- Right to take positive action: you and others must support the rights of a person with a protected characteristic by taking positive action such as by encouraging a person to apply for a job where people with the same protected characteristic are under-represented.

The Care Act 2014

This protects the rights of those people who have care or support needs and their carers when being assessed and when being provided with care and support. It sets out the rights that you and others who work in adult social care must promote:

- Right to well-being: you and others must support the rights of person to have their well-being promoted when making a decision such as their physical, mental, emotional, social and economic well-being.
- Right to be in control: you and others must support the rights of a person to be in control of their care or support, for example by involving them in all decisions made and empowering them to lead the decision-making process through for example an independent **advocate**.
- Right to being safeguarded from abuse and neglect: you and others must work together with other professionals and agencies to prevent abuse and neglect and learn from mistakes made.
- Right to preventative services: you and others must support the rights of a person to access services that help with reducing or delaying the need for care and support such as counselling and physiotherapy.



Key terms

Brexit is a term that has been used for the United Kingdom leaving the European Union (EU). The EU was formed by France and Germany after the end of the Second World War to ensure that they would never again go to war with each other. The European Union currently consists of 28 countries of which the UK is one. The countries in the EU trade with one another and also discuss other political issues like climate change. In 2016, the UK voted and decided that they no longer wanted to be a member of the EU. There are a number of 'EU' laws that are in place in the UK. It is uncertain how these laws will be affected when the UK finally leaves the EU, which is likely to be in 2019.

Capacity refers to an individual's ability to make their own decisions.

An **advocate** is someone who speaks on behalf of an individual who is unable to speak for themselves, or it is someone who puts forward a 'case' for someone else, for example when reviewing an individual's plan of care. An individual may require an advocate because of a disability or condition that they may have.



Reflect on it

2.1 Are you supporting people's rights?

Reflect on your and others' responsibilities to ensure that you are supporting people's rights under relevant equality and diversity legislation. What legal responsibilities do you have? What moral responsibilities do you have? Why?

Local and national policies

Legislation forms the basis of local and national policies that are available in the UK and in the different settings where adult care services are provided. The setting where you work will have in place agreed ways of working for promoting equality and diversity and preventing discrimination in your day-to-day work. For example, there will be policies and procedures in place that relate to equal opportunities, confidentiality, equality and diversity, inclusion, confidentiality and safeguarding. These are essential for preventing discrimination and ensuring everyone is treated fairly and in line with their individual preferences and needs. They also help you and others where you work to carry out your job role and duties to a high standard and in line with best practice and ensure that you and others are working within the requirements of the laws that are in place.



Figure 8.2 How do you and your team comply with equality and diversity legislation?



Research it

2.1 Agreed ways of working

Research your employer's agreed ways of working for promoting equality, diversity and inclusion. What do they say about discrimination?

Discuss how you comply with these agreed ways of working in your day-to-day work.

Below are some examples of a range of national policies and initiatives that aim to promote a good understanding of equality and diversity and to prevent discrimination from taking place in the UK:

Innovate UK: diversity and inclusion 2017

This initiative is between Innovate UK and The Prince's Trust and is aimed at engaging and inspiring young innovators from disadvantaged backgrounds to succeed in business. It provides young people from diverse backgrounds with support, advice and resources to succeed and contribute to the UK's business community and economy.

Disability Confident Employer Initiative 2014

This DWP government-led initiative is a scheme that is designed to support employers to recruit and retain people with disabilities and encourage all employers to provide opportunities to ensure that people with disabilities and those with long-term health conditions are able to fulfil their potential at work. Its aim is to ensure that workplaces are open, diverse, accessible and inclusive.

The Care Certificate 2014

The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards. Standard 4 relates specifically to Equality and Diversity and covers understanding the importance of equality and inclusion, working in an inclusive way as well as accessing information, advice and support about diversity, equality and inclusion. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health.

Mindful Employer Initiative 2004

This established initiative is UK-wide and run by the Devon Partnership NHS Trust. It includes aspects such as being committed to ensuring that people who have mental health needs are not discriminated against during their recruitment and/or employment. For more information go to www.mindfulemployer.net

In addition, across the UK there are external organisations that are involved in regulating and inspecting health and social care services; one of their roles includes ensuring that they are delivering equal, diverse and inclusive services that are free from discrimination. For example, the Care Quality Commission (CQC) is the regulator of health and social care services for England. It registers, licenses, monitors and inspects services to ensure that they meet the standards of care required by law. These standards are known as the fundamental standards and they cover, amongst others, person-centred care, dignity and respect, safety and safeguarding from abuse.



Reflect on it

2.1 Local policies

Reflect on a local policy or initiative you have heard about that aims to increase awareness of equality, diversity and inclusion and prevent discrimination from taking place. Perhaps you heard about this on the radio or on television, or read about it online or in the newspaper. How successful

was it? Why? Provide a reflective account.

The Equality and Human Rights Commission (EHRC) is a useful source of information and advice for both individuals and organisations in relation to their rights and responsibilities under equality law; it can also demand that organisations fulfil these. The National Institute for Health and Care Excellence (NICE) provides information, guidance and advice to the NHS and health and social care services on how to continuously improve their delivery.

Codes of practice and how they relate to your role

Codes of practice are sometimes also called codes of conduct. In this section we are referring to the codes of practice or conduct that provide guidance to help all those who work in health and social care, including those in positions of responsibility such as Lead Adult Care Workers, comply with best practice and agreed ways of working relating to promoting equality and diversity and reducing and challenging discrimination. By following these codes of practice, you can aim to improve the quality of services being provided and establish the level and quality of care and support that everyone who uses these services can expect to receive.

Some organisations, such as Skills for Health, and Skills for Care have developed specific codes of conduct for their workforce that set out the agreed and expected standards of all those who work in health and social care. Other organisations, such as care providers, usually develop their own codes of conduct that they expect their employees to comply with. Perhaps you could find out if the care setting where you work has one in place and if so, what it says about equality, diversity, inclusion and discrimination. Below are some examples of codes of conduct that are in place for all those who work in adult care settings.

Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

This is overseen by Skills for Health, and Skills for Care and established the following principles for all those who work in health and adult care settings. It advises that all adult care workers should:

- be accountable for their actions or omissions, for example by ensuring all care or support provided to individuals is documented clearly, fully and accurately
- promote and uphold the privacy, dignity, rights, health and well-being of individuals and their carers who use care and support services at all times, for

example by ensuring your day-to-day work practices take into account their individual preferences and needs in relation to, for example, their communication, participation in activities, type of care or support

- work in partnership to ensure the delivery of high quality, safe and compassionate care and support by working together with your colleagues and employer
- communicate openly and effectively to promote individuals' and their carers' health, safety and well-being, for example by asking individuals and their carers how they want to be supported rather than make assumptions about what they require or what may meet their needs best
- respect a person's right to confidentiality, for example by supporting them to meet with their visitors in private
- be committed to continuing professional development to improve the quality of care and support provided, for example by attending an equality and diversity training update and supporting others to do the same
- promote equality, diversity and inclusion, for example by following best practice when providing care or support to individuals, supporting care workers to provide care or support to individuals or when monitoring their work practices.

Mental Capacity Code of Practice 2005

This supports the Mental Capacity Act 2005 and its five key principles. The Code of Practice provides guidance on how the five key principles of the Mental Capacity Act 2005 should be applied to those workers (like you) who: work with people who can't make decisions for themselves and to those who care for people who can't make decisions for themselves.

Evidence opportunity

2.1 How legislation, policy and codes of practice apply to your role

Produce a leaflet that explains how you comply with equality, diversity and discrimination legislation, policy and codes of practice in your day-to-day work role. Make sure it explains how legislation, policy and codes of practice relating to equality, diversity and discrimination apply to your work role.

Fundamental standards

The CQC has some fundamental standards which individuals' care must never fall below. The standards state that individuals have the right, for example, to expect person-centred care (care that meets their unique needs and preferences), to be treated with dignity and respect, have their privacy maintained, to be treated equally and have their social inclusion promoted so that their independence is promoted.

AC 2.2 Work with individuals in a way that respects their beliefs, culture, values and preferences

This AC requires you to demonstrate or show that you work with individuals in a way that respects their beliefs, cultures, values and preferences. It is important that you know how to do this because as a Lead Adult Care Worker or Lead Personal Assistant you may have to support others who you work with to do the same and it is important therefore that you are a good role model for them and show them ways that promote equality and respect diversity and inclusion.

What are your beliefs, culture, values and preferences?

Having your own **beliefs, culture, values** and **preferences** is part of who you are, they are what make you unique. Being aware of what your own beliefs, culture, values and preferences are is the first essential step for respecting those of the individuals you care for and support. This is because everyone is different and so being able to accept individuals' differences can only happen if you ensure that you do not let your own beliefs, culture, values and preferences **prejudice** the ways you work.



Key terms

Beliefs refer to the strong principles that govern how we live our lives; they may be moral, religious or political. For example, your beliefs may include that family is important or that euthanasia is wrong.

Culture refers to particular ideas, traditions and customs practised and shared by a group of people, usually from a particular country or society.

Values refer to those things in our lives that we hold as very important to us and can include our family, friends, our health, our freedom and our rights.

Preferences refer to our likes and our own personal choices, for example our preferences for food, clothes, activities and well-being.

Prejudice refers to your bias towards something that occurs as a result of your beliefs and values and can include, for example, believing that someone with a mental health condition is at risk of being violent (which may be based on media stories or hearsay, but not on any actual experience of their own).

Prejudice is by definition not based on actual experience (see the Oxford English Dictionary definition), it is based on preconceived ideas.

For example, you may hold a strong belief that people should lead by example and that they should treat others how they want to be treated themselves. As a Lead Adult Care Worker or Lead Personal Assistant this may involve being kind and considerate when working with individuals, being empathetic and compassionate and above all else being open and transparent when you or others make mistakes and their care and support goes wrong. You can review your knowledge of your duty of care and candour when working in adult care in [Unit 305](#) Duty of care in care settings.

Your preferences will be determined by your beliefs and values and they may be in relation to how you like to spend your time when not at work, what you like to eat, what music you like to listen to, where you prefer to live and what job role you prefer.

Your culture refers to the traditions or customs of the country you originate from; these will not be the same for everyone and will vary in how they are applied by different people and families. For example, depending on the country you originate from and what traditions and customs you and your family follow you may have specific preferences about what foods you eat and don't eat, what you wear, and what religion and associated rituals you follow.

Understanding how your beliefs, culture, values and preferences affect you

You can raise your awareness of your own beliefs, culture, values and preferences by reflecting on what these are. You need to be very honest to be able to establish how these affect you, not only personally but also professionally in your day-to-day work. It may be a good idea to obtain feedback from those who know you well so that you can find out whether they are affecting your work; this may be a colleague who knows you well or your manager. If you work on your own, this may be the individual with care and support needs or someone who knows the individual well, such as a member of their family or their advocate. It is also important to be aware that these may change over time, so reflecting on these should not be done on just one occasion but throughout your career.

Other ways to raise your awareness may include attending training updates as these will further develop your knowledge and increase your awareness of what best practice consists of. Discussions with others at work may also be a good

way to gain a greater insight not only into yourself but also how you come across to others. In this way you can ensure that you remain respectful towards the beliefs, culture, values and preferences of individuals.

How can you work in ways that respect individuals' beliefs, culture, values and preferences?

Once you are aware of your own beliefs, culture, values and preferences you can then begin to understand how important it is that you work in ways that are respectful of the different individuals you work with.

You can work in ways that show respect for individuals' beliefs by:

- **Showing a genuine interest in the individual:** this involves spending time with the individual, getting to know them and finding out from them about their beliefs by asking them what these are rather than making any assumptions about what these may be so that they feel valued. For example, perhaps they follow some religious practices that affect how they dress, how they want to be cared for, who they want to be cared for by and/or what they eat. Working in these ways will mean the individual will feel valued.
- **Not making assumptions about the individual:** this involves not making assumptions about an individual's beliefs even when they are from a similar background or culture. Everyone is different and therefore how you take into account their beliefs must also be different and suited to the individual to gain their trust.
- **Planning and preparing yourself:** this involves taking the time to understand what the individual's beliefs are and checking with them that you have understood how the individual wants you to take them into account before you do in your day-to-day work.
- **Being tolerant of the individual's beliefs:** this involves accepting that the individual's beliefs may be different to your own and reflecting on the prejudices you may have.



Reflect on it

2.2 Your beliefs and values

Reflect on your beliefs and values. What are they? How do they affect your life? How do they affect your work? Now reflect on your culture and preferences. How do they impact on your day-to-day life? How do they

impact on your day-to-day work life? What can you do to ensure they do not prejudice the ways in which you work with individuals?

Alternatively, you could think about the different cultures represented by individuals and colleagues in your setting. Do you know what the associated customs and beliefs with each of these are?



Communication

Good communication involves building good working relationships with individuals that instil mutual trust and respect. This is because communicating well can make individuals feel like they are being listened to and that their thoughts and opinions are valued. Good communication makes individuals feel respected and involved. You can ensure that you communicate well by showing that you are aware of individuals' beliefs and can show respect for these during all your communications with individuals. You may also like to refer to [Unit 303](#) Promote communication in care settings.

You can work in ways that show respect for individuals' culture by:

- **Getting to know the individual:** this involves finding out about their background and culture. There are different ways you can do this, for example by talking to the individual about their culture or by finding out about the individual's culture from those who know the individual well such as their family, friends or advocate. You may also decide to carry out your own research about the individual's culture. If you do this, remember not to make assumptions about the individual's culture and associated practices. Working in these ways will mean that you will be able to show your understanding of how diverse every individual is and your commitment to respecting their differences.
- **Enabling the individual to take the lead:** this involves providing opportunities for the individual and/or their representative who knows them well to show you how they would like you to respect their culture. It is important that you listen attentively and if there is something you are unsure about or do not understand that you ask the individual about this. Working in these ways will mean that you will be able to respect every individual's

culture.

You can work in ways that show respect for individuals' values by:

- **Asking the individual about their values:** this involves finding out from the individual or from their representative what they hold as important to them. Working in these ways will mean that you will be respecting the individual and empowering them.
- **Not making judgements:** this involves not making judgements about the individual's values, particularly if they are different to yours or you do not agree with them. It is important that you always ensure that the individual's values are at the centre of all your interactions with the individual. You may find it useful to refer to [Unit 307](#) Promote person-centred approaches in care settings.
- **Not influencing the individual's values:** this involves ensuring that your values do not influence the individual. It is important that you remain fair and **objective** at all times so that you can show your respect for the individual's values, so that they feel empowered to make their own decisions and choices and have their self-esteem raised.

You can work in ways that show respect for individuals' preferences by:

- **Empowering the individual:** this involves not only finding out about the individual's preferences but also enabling them to share their preferences with you. To be able to do this the individual needs to feel able to approach you and talk to you. It is important that you create an environment where the individual feels relaxed and where you can spend with each other without any interruptions or distractions. You may find it useful to [Unit 303](#) Promote communication in care settings for an understanding of how to communicate effectively.



Key terms

To be **objective** is to be fair, and not influenced by your own feelings or beliefs.



Figure 8.3 How do you ensure you respect an individual's values?

- **Taking into account the individual's preferences:** you will need to do this at all times. To do this effectively you must ensure that you have agreed on ways to do so with the individual. Do not assume that the individual's preferences will remain the same – they may change on a daily basis, or from time to time, depending on the individual. It is good practice therefore to always check with the individual and/or their representative how to take their preferences into account before doing so and after doing so to clarify with the individual and/or their representative whether how you have taken their preferences into account has been effective. You may find it useful to refer to [Unit 301](#) Promote personal development in care settings, particularly the concept of being a reflective practitioner.
- **Not imposing your preferences on the individual:** this involves supporting and enabling the individual to speak up about who they are, what their preferences are and how they want you to support them to ensure their preferences are upheld. You can show respect for the individual's preferences by ensuring you do not let your own preferences influence theirs; this involves you being aware of what your own preferences are. It is important that you enable the individual to take the lead by ensuring that the individual

communicates their preferences to you and that you listen to what they are saying.

- **Being aware of how you interact with the individual:** this involves observing the individual through your interaction to check how they are receiving your interaction, for example by what they say, what they don't say and their body language. This involves being aware of how you interact with the individual, for example whether you are using non-discriminatory language and what your body language is showing to the individual. For example, is it showing that you are genuinely interested? Is it showing that you are listening attentively? You will find it useful to refer to [Unit 303 Promote Communication in care settings](#), in relation to verbal and non-verbal communication.

The reflective exemplar provides you with an opportunity to explore the consequences of not working with individuals in a way that respects their beliefs, culture, values and preferences.

Reflective exemplar	
Introduction	I work as a Lead Adult Support Worker providing support to adults with mental health needs. I lead a team of five support workers.
What happened	Earlier this week, two individuals with mental health needs, Jane and Jules, were referred to the team for support. Both Jane and Jules have chronic depression (see page 340 for definition). I gave the team an overview of both Jane and Jules, including how their chronic depression affects them and the types of support they will require. I also informed the team that Jane lives with her husband and that Jules shares a flat with a friend. I received a call from Monica, one of the support workers who visited Jane, who explained that she was unable to support Jane with her personal hygiene this morning because Jane was not happy that Monica had refused to allow Jane's husband to assist her with her personal hygiene. Monica explained to me that she thought it was inappropriate for Jane's husband to help with the morning routine because he was male. Monica went on to explain that, as a result, Jane became very agitated with her and told her to leave. Monica added that she respected Jane's wishes to leave. I explained to Monica that she must always ensure that she respects the individual's values and preferences. It is Jane's right to have her husband assist her with her personal hygiene routine if this is what is important to her and what she prefers. I explained to Monica that she must take into account the individual's values and preferences at all times.

Reflective exemplar	
What happened continued	At this week's team meeting the support workers who visited Jules indicated that they were unsure about how best to support Jules with his nutrition because of his Jewish culture and beliefs, as he does not like the pre-prepared kosher meals (see page 340 for definition). Because of this, the support workers explained that they did not order any meals for him and had agreed instead with Jules that he would go food shopping with his friend who he shares the flat with. Later in the week, I received a telephone call from Jules who explained that he was not happy because he was not being supported by the support workers with his culture and beliefs in relation to food shopping and cooking as agreed and how instead he had been told to go shopping with his friend. Jules added that his friend is not happy to do this because he feels it should be done by his support workers. I reassured Jules that I and the team of support workers would be respecting his culture and beliefs when providing him with support and I agreed to visit him so that he could complete a food shop and cook an evening meal.
What worked well	I think that I informed the team about how chronic depression personally affects Jane and Jules as individuals. I was assertive when I received the phone call from Monica and made it clear that she must take into account individuals' values and preferences at all times and not let hers influence theirs. I thought I was proactive in handling the conflict that had arisen with Jules and managed to prevent the situation from worsening. Jules appreciated me visiting him the same day that he phoned the office. I used the opportunity to ask Jules all about his Jewish culture and beliefs and built up a very good picture about how he would like the team and me to support him in relation to his dietary requirements and needs.
What did not go as well	When I gave the team the information about Jane and Jules, I should have also provided them with information about how Jane's and Jules' needs may also be affected by the people they live with, particularly in relation to how they are both supported. Doing this would have ensured that the team of support workers could have shown their respect for both individuals' beliefs, culture, values and preferences at their first support visits. In relation to what I said to Monica, I should also have explained the consequences of not respecting individuals' values and preferences as well as the potential impact these may have on the individual and on the development of a good working relationship with the individual. In relation to Jules, I haven't yet fed back to the team about my visit to Jules and the information I found out. I need to document this and ensure this is available to the whole team.
What I could do to improve	I think I need to hold another team meeting as a matter of urgency in relation to ensuring the whole team understand how best to support Jane and Jules. The information I collate about individuals' beliefs, cultures, values and preferences needs to be done in a lot more detail and I need to review how I document this and communicate this to the team. Perhaps I can speak to my manager about further support and training in this area. I think the team and I would benefit from some more training in relation to how to ensure we are working in an inclusive way. After this training we could then, as a whole team, undertake a review of the individuals we currently support to determine how effective we are in respecting their unique beliefs, cultures, values and preferences.
Links to unit 's assessment criteria	ACs: 1.3, 2.2, 3.1, 3.2



Key terms

Chronic depression is continuous mild **depression** that lasts for two years or more.

Depression is a medical condition causing low mood that affects your thoughts and feelings. It can range from mild to severe but usually lasts for a long time and affects your day-to-day living.

Kosher refers to foods that are permitted to be eaten under Jewish dietary laws and that can be used as ingredients in the production of additional food items.



Figure 8.4 Are you an effective reflector?

Evidence opportunity

2.2 Working with individuals in ways that respect them

Your practices will be observed for [AC 2.2](#). Make arrangements to be observed for interactions with two different individuals that you work with. (Ensure you plan this with your assessor in advance.)

For example, you may arrange to be observed meeting with an individual to review an aspect of their care or support or to discuss an issue that is

important to them or worrying them. For each individual, ensure you show how you respect their unique beliefs, culture, values and preferences.

LO3 Be able to promote diversity, equality and inclusion

Getting started

Think about an occasion when you or someone you know observed a person being treated unfairly. How did this make the person feel and you? What actions were taken? Why? What would have been the consequences of taking no action?

AC 3.1 Model inclusive practice

This AC requires you to demonstrate that you are able to model inclusive practice through your job role. It is important that you know how to do this because, as you will have learned in [AC 1.1](#) and [AC 1.3](#), inclusive practice has many benefits for individuals as it prevents them from being excluded and isolated. Inclusive practice also enables individuals to feel valued and promotes a sense of belonging because it recognises that every individual has a right to make their own choices and be an active participant in day-to-day life, both in their community and in wider society.

Inclusive practice in adult care

Inclusive practice provides individuals with the opportunity to lead their life how they wish and to access the care and support they require to do so. The implementation of the Care Act 2014 made it a requirement (there was only guidance in place previously) for local authorities to offer personalised care and support planning. Best practice in health and social care involves working in ways that are inclusive and there are many examples in the adult care sector of approaches and strategies that model inclusive practices; below are some examples.

Personalisation

Personalisation is an approach that involves recognising that every individual has abilities, strengths and preferences and has the right to be in control of their care and support, including how it is delivered and which services they would like to use. This is also referred to as ‘self-directed support’. It involves the provision of person-centred care that involves recognising individuals as leaders of their own care and support and supporting individuals to make their own choices and decisions in everyday activities. It involves providing and designing care and support around the unique needs and preferences of individuals rather than developing care and support and/or services that individuals are required to fit into.

You can model the personalisation approach by ensuring that individuals are the focus when providing care or support. This means treating individuals with respect and believing that they are able, with the correct type of support, to make their own choices and decisions. For example, you can ask the individual about their strengths and abilities, do not assume you know what these are. Finding out directly from the individual and/or their representative what these are will mean

that you are enabling the individual to share with you what they can do for themselves and what they would like to continue to do for themselves.

Similarly, you can model the personalisation approach when developing and providing the care or support the individual needs. For example, you can establish with the individual what aspects of their everyday life, including future goals, they require support with; who they would like to provide this support and the reasons why; what type of support they require and why; and when and how long they require support for. In this way you can ensure that the individual's choices and preferences inform the development and provision of their care and support and that the care and support provided not only meets their needs but also enables them to maintain as much control as possible over their everyday activities.

There are numerous benefits for using this approach. For example, not only does it mean that you and your colleagues can work in ways that reflect best practice but also that you and your colleagues are playing an important role in empowering individuals to reach their full potential by making their own choices and decisions. Using the personalisation approach shows your respect for the individual and their right to be at the centre of their care and support. It promotes the individual's dignity and self-respect which in turn has a positive impact on the individual's well-being.

Direct payments

Direct payments are provided by local authorities and enable individuals who have been assessed as requiring assistance from social services to arrange and buy the care services they require themselves. Direct payments can be used to pay for employing a personal assistant or a carer as well as for other services they may need such as support with preparing meals, going shopping or maintaining personal hygiene. Direct payments are means tested and therefore it depends on the individual's financial situation whether they have to pay towards the cost of their care and support. If the individual uses direct payments for employing carers themselves there is support available to help the individual do this safely and fairly. This means that the individual can employ carers who they want, feel that they can trust and are comfortable with. If the individual lacks capacity and cannot make their own decisions, then someone who knows them well such as their carer or a family member can apply for direct payments and manage the direct payments on the individual's behalf, if the local authority is satisfied that this person will act in the individual's best interests.

Personal budgets

Personal budgets are an agreed amount of money offered by the local authority following an assessment of people's care and support needs to ensure individuals' and their carers' needs are met. Personal budgets enable individuals and their carers to have full control over how their needs are met but unlike direct payments do not require the person to become an employer; they can, however, also be received in the form of a direct payment.

Personal budgets enable people to have full control over how the money allocated to them is spent in relation to their care and support. They empower individuals to understand how their care and support needs can be met and how much money they have to spend towards these. Your role may involve supporting the individual to choose the care and support or the services that are best for them and that meet their needs. You can model inclusive practice by ensuring that you continue to provide individuals with the support they need to be in control of their lives. This may include empowering them to make their own daily choices, as well as encouraging them to having a positive view of themselves so that they feel interested in leading their own care and support.

Evidence opportunity

3.1 Modelling inclusive practice

Show your assessor or manager how you model inclusive practice with two different individuals who have care and support needs. For example, you could choose a specific aspect of their life or care and support that you provide.

Ensure your assessor or manager is able to witness you working in this way and ask them for feedback afterwards. How effective were you in modelling inclusive practice? Were there any aspects of your practice that you could have improved on?

AC 3.2 Support others to promote equality and rights

This AC requires you to demonstrate or show that you are able to support others who you work with to promote equality and rights. This includes other team members, colleagues, individuals who commission their own health or social care services, the individuals you care for, their families, carers and advocates. It is important that you know how to do this because as a Lead Adult Care Worker or Lead Personal Assistant you will be expected to be a good role model and demonstrate your knowledge and expertise in promoting equality and rights and supporting others to do the same.

Below we discuss some of the things you will need to instil so you can support others to promote equality and rights.



Reflect on it

3.2 Discrimination and promoting equality and rights

Reflect on how you would feel if you were being discriminated against at work. Why? Now imagine that when you reported your concerns you were not treated seriously and continued to be discriminated against. How do you think you would feel?

Now think about the importance of ensuring that no one at work is discriminated against. How do you promote equality at work? How do you promote rights at work?

Promoting equality

Be aware of your own prejudices

To be able to promote equality effectively you must be aware of your own prejudices and ensure that these do not affect the ways you work. Openly acknowledging that you have prejudices and that you are aware of your own prejudices can encourage other team members and individuals' families, carers and advocates to do the same. In this way, you and others can work together to find effective ways of not letting your own prejudices affect your practices. For example, you may discuss with individuals' families whether and how they would like to be involved in their relative's care or support rather than make assumptions that may be not true or unfair about which families would like to be

involved.

Lead by example

You can support others to promote equality by leading by example. If you treat others fairly by valuing their individuality, then you will earn their respect and trust and you will be more likely to instil in them a desire to do the same. You can show that you value a person's individuality by not making any assumptions about what they like, need or prefer.

Respect differences

You can also provide support to others by showing that you respect their differences. For example, you can show how you take these into account when communicating with individuals by using their preferred means of communication or by ensuring you ask your colleagues how they would like you to take into account any customs or practices they follow as part of their background and culture. Again, individuals will then be more likely to do the same because they will see you doing this in your day-to-day work.

Say when equality and rights are not being promoted

Supporting others to promote equality also involves having the **courage** to say when this isn't happening. For example, if you observe a carer or family member using discriminatory language towards an individual then you must inform them that this is not acceptable. You may feel awkward in doing so, however, you should not worry about the views of others if you are challenging discrimination. It is essential you do because if you do not then the carer may continue to practise in this way, unaware that their practices are not promoting equality and the individual may believe that you do not support equality because you haven't said anything or taken any action. You will learn more about how to challenge discrimination in a way that promotes change in [AC 3.3](#).

Promoting rights

Set a positive example

You can support others to promote rights by ensuring that you set a positive example in respecting the rights of individuals and all those you work with at all times. As you will have already learned, this is part of providing person-centred care and support. You may want to refer to [Unit 307](#) Promote person-centred approaches in care settings, where this concept is explored in detail. You can do this in your day-to-day work activities, for example by supporting individuals to

do tasks for themselves rather than you doing these for them. You should also ensure that achievements are celebrated to further promote the self-esteem and well-being of individuals.

Lead by example

You can lead by example by supporting people's rights not to be discriminated against and to be treated equally, inclusively and as unique individuals. You can do this, for example, by supporting individuals to speak up when they are being discriminated against. This may involve you supporting the individual to write a letter or to arrange a meeting to discuss their concerns. By doing this, you are empowering them to take control and to be confident which in turn can reduce their vulnerability and the likelihood of discrimination occurring. It also creates a positive working environment where anti-discriminatory practices are supported and encouraged and therefore where discrimination is less likely to occur.

Understand difference

It is important that you understand the factors that make people different and how they may be discriminated against because of these differences. This will involve you making an effort to understand what people's rights are and what your duties are with respect to promoting equality, inclusion and diversity in the care setting where you work. This means that you will be able to understand and follow the agreed ways of working that are required for ensuring that discrimination does not occur.



Courage

Courage refers to ensuring that you positively challenge any discriminatory practices you see and that you know may impact negatively on individuals and others you work with. You can do this by not ignoring them and by ensuring that you report them as soon as it happens. Being courageous in supporting equality and inclusion will mean that you will be contributing to a discrimination-free environment. This is because you will be doing everything you can to challenge it and prevent it from occurring again.

Competence

Competence refers to effectively applying the knowledge and skills you

have learned consistently and accurately so that you are able to provide good quality support to others in line with agreed ways of working. It is important that you know what to do if you are unable to promote equality, diversity, inclusion or rights during your day-to-day working practices and that those you are supporting know that you are doing your best to work in inclusive ways and support their rights to be included and treated fairly. In this section, you can show that you know the process to follow for accessing information, advice and support from your work setting, and that you can support others to promote equality and rights. You can do this by following the advice that is offered here, as well as discussing this with your manager and colleagues.

Your manager, supervisor or employer is a good source of advice and support, particularly when you have to report discriminatory practices. They can also help when you want to clarify your understanding of your role and responsibilities in relation to supporting others to promote equality and rights. Keeping your knowledge and skills up to date as a Lead Adult Care Worker or Personal Assistant in relation to promoting equality will ensure that you are able to support others in line with current best practice. For example, you may attend an equality training update in your work setting or read an article about best practice when promoting equality with individuals who have care and support needs. You could then share the knowledge and skills you have developed with others through team meetings, one-to-one and group discussions and by contributing to your employer's training updates and/or agreed ways of working. In this way you can ensure that you and others are working consistently and in line with current best practice. You can make arrangements for training through your manager and during the supervision process as part of the personal development plan (PDP) process. You may want to refer to [Unit 301](#) Promote personal development in care settings, where this is discussed in more detail.



Research it

3.2, 2.1 Sources of support

Being aware of all the different sources of information, advice and support available on diversity, equality and inclusion is essential for supporting others to promote equality and rights. Remember that you can refer to colleagues, the individual or their representative and to your setting's agreed ways of working. You should also ensure you stay up to date with

such information, research ways that will enable you to access this information and impart this knowledge to others.

Research the sources of support you have available to you that will enable you to provide support to others in relation to the promotion of equality and rights. Think about the people where you work and other people outside of work with who may be able to provide you with support. Draw a spider diagram of the different sources of support that there are available to you both within and outside of your workplace and discuss for each one how they enable you to support others to promote equality and rights.

Specialist organisations such as the Equality and Human Rights Commission (EHRC) provide useful information, advice and support on promoting diversity, equality and inclusion. They may be able to share with you their ideas and/or case studies that demonstrate best practice. You can seek advice from their specialist advisers and read about best practices in the adult care sector and current legislation. Third sector and voluntary groups such as the Alzheimer's Society, MIND, Age UK and local support groups for individuals with care or support needs can also provide useful information, advice and support for ensuring that you are able to support individuals' rights to diversity, equality and inclusion. Individuals may need support to access information provided in leaflets about their condition, or to attend a support group for people who have the same condition.

Evidence opportunity

3.2 Supporting others to promote equality and rights

Make arrangements for your assessor to observe you in your work setting. Show how you provide effective support to the following to promote equality and rights:

- 1** an individual
- 2** a colleague
- 3** a team member
- 4** a family member, carer or advocate.

Whatever information you access, and direct others to access, make sure it is up to date (out-of-date leaflets may include telephone numbers and email addresses that no longer work), relevant, and that individuals can easily access/read the information. Check that the information is appropriate for the reasons they have

requested it and that it is in a format or language they can understand. Ensure that you give the information to them in a timely fashion, that is when they need or request it and are able to make use of it.

AC 3.3 Describe how to challenge discrimination in a way that promotes change

As you will have learned, being able to promote diversity, equality and inclusion in your work setting is an important part of your role as a Lead Adult Care Worker or Personal Assistant. It is also important for you to lead by example by working in inclusive ways and knowing how to challenge those not doing so constructively and positively.

Working in an inclusive way involves being able to:

- **recognise practices that are discriminatory:** these may be deliberate or unintentional and can occur for different reasons, such as a lack of clear understanding or knowledge about equality, diversity and/or inclusion; a lack of awareness of own and others' behaviours at work and towards individuals; or fear or a lack of confidence over how to respond to an individual's needs, for example when they display behaviour that challenges or have a condition such as dementia
- **know what to do if you become aware of or see discrimination taking place:** this may occur either in or outside of the care setting where you work
- **challenge discrimination positively:** this involves making others aware of their behaviours that are discriminatory and ensuring that they are provided with the support and information they require to address these and prevent them from happening again.

It is very important that your practices promote diversity, equality and inclusion because as a Lead Adult Care Worker or Lead Personal Assistant you are accountable for your actions. If you do discriminate either deliberately or unintentionally you can be disciplined for this by your employer and you could be dismissed from your job. In addition, your employer could be held responsible for your actions.

When challenging discrimination, it is important that you do this in a way that promotes change. Not doing so may:

- **lead to the discrimination becoming worse and occurring more regularly:** if you do not make others aware that their behaviours are discriminatory then they may continue practising in this way, thinking that they are working in line with best practice
- **inadvertently reinforce these negative unwanted behaviours:** individuals may think that you are encouraging the discrimination to continue and may

therefore feel that you too are being discriminatory – this will impact negatively on your relationship with the individual

- **mean that you will be failing in your duty of care towards the individuals you provide care or support to:** you may wish to refer to [Unit 305](#) Duty of care in care settings for more information on this topic.



Research it

3.3 Agreed ways of working for challenging discrimination

Research your employer's agreed ways of working for challenging discrimination where you work. What does it say about your role and responsibilities? What actions are you required to take in the event of discrimination occurring? How do these actions compare with those in the dos and don'ts table? Discuss your findings with your manager or employer.

Challenging discrimination in a way that promotes change involves being positive, supportive and constructive, leading by example and by modelling inclusive practice. You can do this by:

- having a discussion with the person responsible so that they understand why their practices are discriminatory; this involves answering any questions they may have and providing reassurance that they will be supported with addressing these behaviours so they do not occur again
- suggesting self-reflection to increase their awareness of and insight into their behaviour, and reduce the likelihood of the discrimination occurring again. You could refer to the self-reflection process in [Unit 301](#) Promote personal development in care settings, [ACs 2.1](#) and [2.2](#).
- suggesting further training so that they can update their knowledge about inclusive and anti-discriminatory practices
- suggesting shadowing more experienced colleagues so that they can observe and learn about good ways of working when supporting individuals in inclusive ways
- accessing an advocate and others who do not work in the setting to ensure individuals are supported to challenge discrimination when it arises
- ensuring that you voice your suggestions and discuss them with your manager or employer so that these become part of the setting's agreed ways of working

for everyone to follow

- empowering individuals and encouraging the active participation of individuals so that they can themselves challenge discrimination and any barriers they may come across.

Dos and don'ts for challenging discrimination and promoting change	
Do	Act straightaway to make it clear that it will not be tolerated.
Do	Support others to act straightaway to make it clear that it is unacceptable.
Do	Report all incidents so that the necessary actions can be taken.
Do	Record all incidents to ensure the details of the incident are documented. This includes who was affected and what actions were taken. This document can be referred to at a later stage if necessary.
Do	Keep up to date with good practices so that you can constructively challenge discrimination in a way that promotes change.
Do	Ensure you know your work setting's agreed ways of working for constructively challenging discrimination.
Don't	Accept it.
Don't	Ignore it.



Case study

3.3 Skills for challenging discrimination

Challenging discrimination in a way that promotes change is not easy and requires you to be consistent as well as constructive and supportive. Read through Case study 3.3 and think about the skills that you will require to be able to challenge discrimination in a way that promotes change.

Ken works as a Lead Support Worker and this morning witnessed Scott, an older man with care and support needs tell Malachi, an older lady with mental health needs, that she could not sit at the same table at breakfast time because she could not speak English fluently. Upon witnessing this Ken immediately approached Scott in a calm manner and assertively explained to him that what he had said to Malachi was not fair, was discriminatory and would not be tolerated because it is every individual's right to choose where they want to sit at breakfast time, irrespective of their differences.

Scott immediately apologised to Ken for his behaviour. Ken explained that Scott needs to also apologise to Malachi. After Scott had done so, Ken asked Malachi how Scott's behaviour had affected her. Malachi explained that she was very hurt by his comments and felt unwanted. Scott again apologised to Malachi and invited her to sit with him at the table to have breakfast and offered to fetch her a cup of tea. Malachi accepted Scott's apology and cup of tea.

Ken informed his manager and the rest of the team at the next staff meeting about what had happened between Scott and Malachi and how he had addressed it immediately, showing **care** and **compassion**. Ken added that he also reviewed the tenants' handbook with Scott to ensure that he fully understood that discrimination would not be tolerated as part of his tenancy and that any repeat incidents may result in him losing his tenancy. Ken suggested that Scott attend a tenant information day about equality, diversity and inclusion so that he could raise his awareness of what discrimination is and why it must be avoided, including how to promote equality and rights, and Scott agreed to attend.

Discuss:

- 1 Which skills do you think you have?
- 2 Why are these useful?
- 3 How can you support others to develop these?
- 4 Are there any other skills you think you need to further develop? Why?
- 5 How are you going to do this?



Compassion

Compassion involves you showing concern for the well-being of individuals if they are being discriminated against and caring enough to challenge it. This will not only show that you are taking a stand against discrimination in the setting and saying that it will not be tolerated, but also shows your regard and respect for the rights of the individuals for whom you provide care. You can show compassion by supporting individuals who have been discriminated against and recognising the impact this has had on them personally. Allowing yourself to empathise with the individual will

help you understand how they are feeling, find a solution that will bring about long-term change and make a positive difference.

Care

Care, in this section, involves doing what you can to ensure that if an individual is discriminated against, then you are able to do what you can to improve the situation and have their well-being as the focus. It is about showing that you can make a positive difference to an individual's life through your role. Again, you can show this by:

- positively challenging all discrimination you may come across
- showing that you care through your communication
- making sure that individuals know that you have their best interests at heart.

This is important for ensuring that individuals trust you to support them and promote their rights to live in a way that is free from discrimination.

Evidence opportunity

3.3 How to challenge discrimination in a way that promotes change

Develop a verbal presentation to describe to some of your colleagues how to challenge discrimination in a way that promotes change. Or you could provide a written description.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested assessment methods to show your knowledge/skills
LO1 Understand the importance of diversity, equality and inclusion	
1.1 Reflect on it (page 325)	You could provide a short reflective account.
1.1 Evidence opportunity (page 326) 1.1, 1.2, 1.3, 2.2, 3.2 Case study (page 329)	You could have a discussion with your assessor and provide a written account. Or you could write a personal statement to explain what is meant by the four terms: diversity, equality, inclusion and discrimination. Include examples of what these mean in the context of your job role and the care setting where you work. The Case study will help you to explain what is meant by diversity, equality, inclusion, discrimination.

Suggestions for using the activities	
1.2 Research it (page 327)	Provide a written account discussing how the self-fulfilling prophecy can impact negatively on individuals who have been discriminated against, and how this impacts on wider society. You could also discuss the effects of discrimination on an individual's well-being and on the individual's families and friends.
1.2 Reflect on it (page 327)	Write a reflective account about the consequences of a lack of diversity. Or you could write an account about the effects of discrimination on those who inflict discrimination and the effects on wider society.
1.2 Evidence opportunity (page 328) 1.1, 1.2, 1.3, 2.2, 3.2 Case study (page 329)	Develop a case study as instructed. Or you could develop a presentation to describe the effects of discrimination on the individual, the families or friends of the individual, those who inflict discrimination, wider society. The Case study will help you to explain the effects of discrimination.
1.3 Reflect on it (page 328)	Write a reflective account about an occasion your work practices promoted equality and supported diversity.
1.3, 2.1 Evidence opportunity (page 329) 1.1, 1.2, 1.3, 2.2, 3.2 Case study (page 329) 1.3, 2.2, 3.1, 3.2 Reflective exemplar (page 338)	Develop a presentation or a case study that explains how inclusive practice promotes equality and supports diversity. You will find your work setting's agreed ways of working for promoting equality and supporting diversity a useful source of information. The Case study will help you to explain how inclusive practice promotes equality and supports diversity. The Reflective exemplar will help you to think about the consequences of not using inclusive practices.
LO2 Be able to work in an inclusive way	
2.1 Reflect on it (page 332)	Provide a written account addressing the points in the activity. Or you could discuss how equality, diversity and discrimination legislation apply to your work role.
2.1 Research it (page 333)	Complete the activity. Or, for two individuals you work with, explain how you follow your employer's procedures and codes of practice in relation to promoting equality and diversity and preventing discrimination. Provide a written account.
2.1 Reflect on it (page 334)	Provide a reflective account addressing the points, or you could write a personal statement that explains how you apply local and national policy to your job role.
2.1 Evidence opportunity (page 335)	You could explain to your assessor how legislation, policy and codes of practice relating to equality, diversity and discrimination apply to your work role and provide a written account. Or you could develop a verbal presentation that explains this.
2.2 Reflect on it (page 336)	Write a reflective account based on the questions in the activity or about the different ways of supporting two individuals' beliefs, values and preferences.
2.2 Evidence opportunity (page 340) 1.1, 1.2, 1.3, 2.2, 3.2 Case study (page 329) 1.3, 2.2, 3.1, 3.2 Reflective exemplar (page 338)	You must make arrangements for your work practices to be observed so that you can show how you work with at least two different individuals that respects their unique beliefs, cultures, values and preferences. You could also support your observation with work product evidence of, for example, the individuals' care plan, or other relevant records or reports that reflect the individuals' daily activities, care and support. The Case study will help you to explain how to work in an inclusive way with individuals. The Reflective exemplar will help you think about the consequences of not respecting individuals' beliefs, cultures, values and preferences.
LO3 Be able to promote diversity, equality and inclusion	
3.1 Evidence opportunity (page 342)	You must make arrangements for your work practices to be observed so that you can show how you model inclusive practice. Demonstrate this to your assessor or obtain a witness testimony of you modelling inclusive practice.

Suggestions for using the activities

3.2 Reflect on it (page 342)	Provide a reflective account.
3.2, 2.1 Research it (page 344)	Write a reflection about how you support others to promote equality and rights in your current job role.
3.2 Evidence opportunity (page 344)	You must make arrangements for your work practices to be observed so that you can show how you support others to promote equality and rights. Ask your assessor to observe you or obtain a witness testimony from your manager. You will find your work setting's agreed ways of working a useful source of information.
3.3 Research it (page 345)	Provide a written account detailing your discussion. Or, using an individual with care or support needs as the basis, develop a case study of how to challenge discrimination in a way that promotes change.
3.3 Evidence opportunity (page 346) 3.3 Case study (page 346)	You could develop a verbal presentation or describe to your assessor how to challenge discrimination in the event of it occurring where you work in way that promotes change and provide a written account. You will find your manager or supervisor a useful source of information. You will find the Case study useful in terms of thinking about the skills you require to challenge discrimination in a way that promotes change.

Legislation and Codes of Practice	
Act/Code of Practice	Key points
The Human Rights Act 1998	Everyone in the UK is entitled to the same basic human rights and freedoms. This includes individuals who have care and support needs. It promotes fairness, dignity and respect and protects these human rights from being infringed.
The Data Protection Act 1998 General Data Protection Regulations (GDPR) 2018	People have rights to be treated fairly in relation to their information and data. It also safeguards people from having their information and data from being misused or obtained unlawfully.
Special Educational Needs and Disability Act 2001 Children and Families Act 2014 and the Special Educational Needs and Disabilities (SEND) Code of Practice 2014	People with disabilities have rights to have reasonable adjustments made by schools, colleges, universities, adult education providers, statutory youth services and local education authorities. The Children and Families Act 2014 introduced a range of new legislation regarding adoption and family justice. Part 3 includes a new Special Educational Needs and Disabilities (SEND) Code of Practice. This supersedes the Code of Practice from 2001 (but does not replace the Special Educational Needs and Disability Act 2001). You can find more information here: www.gov.uk/government/publications/send-code-of-practice-0-to-25
The Mental Capacity Act 2005	Individuals have the right to make their own decisions for as long as they are able and to be supported to make arrangements for a time in the future when they may lack the capacity to make their own decisions due to a condition or disability such as dementia, or a learning difficulty; for example, in relation to their care and support.
The Equality Act 2010	It is unlawful to discriminate against individuals in respect of the nine protected characteristics, i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also protects people's rights to be treated fairly and safeguards people from being discriminated against because of their individual differences.

Legislation and Codes of Practice	
The Care Act 2014	People who have care or support needs and their carers have rights when being assessed and when being provided with care and support. It also introduced the well-being concept as the basis of all person-centred care that all individuals and carers are entitled to when being provided with care and support.
Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England	Outlines a number of principles that must be followed by those who work in health and adult care settings. For example, promoting and upholding the privacy, dignity, rights, health and well-being of individuals, promoting equality, diversity and inclusion.
Mental Capacity Code of Practice 2005	The five key principles of the Mental Capacity Act 2005 should be applied by those who work with people who can't make decisions for themselves and those who care for people who can't make decisions for themselves. It provides guidance on what certain people must do and think about when they act or make decisions on behalf of people who can't act or make those decisions for themselves.

See [AC 2.1](#) for more information on legislation and codes of practice.

Further reading and research

Books and booklets

Butt, J. (2006) 'SCIE Race equality discussion paper 03: Are we there yet? Identifying the characteristics of social care organisations that successfully promote diversity', Social Care Institute for Excellence

Care Quality Commission (2015) 'Equal measures: equality information report' for 2014, Care Quality Commission

Ferreiro Peteiro, M. (2015) *Level 3 Health & Social Care Diploma Evidence Guide*, Hodder Education

INVOLVE (2012) 'Diversity and inclusion: What's it about and why is it important for public involvement in research?', Involve

Weblinks

www.cqc.org.uk The Care Quality Commission (CQC) website for information about regulating health and social care services in England

www.equalityhumanrights.com The Equality and Human Rights Commission's (EHRC) website for information and resources about the Human Rights Act 1998 and the Equality Act 2010

www.gov.uk The UK Government's website for information about current legislation including The Human Rights Act 1998, The Equality Act 2010

www.mind.org.uk Mind – resources and information about the Mental Capacity Act 2005, including useful terms to know

www.mindfulemployer.net Mindful Employer – information and resources for employers to support mental well-being at work

www.nice.org.uk National Institute for Health and Care Excellence – information and evidence-based guidance on improving health and social care

www.rethink.org Rethink Mental Illness – resources and information about mental illness and mental capacity, the Mental Capacity Act 2005 and the accompanying code of practice

www.scie.org.uk Social Care Institute for Excellence (SCIE) – resources and information about the Care Act 2014 in relation to the well-being concept

www.skillsforcare.org.uk Skills for Care – resources and information on the Care Act 2014, the Care Certificate 2014 and the Code of Conduct for

Healthcare Support Workers and Adult Social Care Workers in England

www.skillsforhealth.org.uk Skills for Health – resources and information on the Care Act 2014, the Care Certificate 2014 and the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England is available as a pdf on the Skills for Care, and Skills for Health websites, or you can search for this online.

307 Promote person-centred approaches in care settings



About this unit

Credit value: 6

Guided learning hours: 39

Person-centred care involves individuals with care or support needs being

actively involved in the planning and provision of their care. Working in a way that embeds person-centred values is crucial for ensuring individuals are in control of their care or support.

Other person-centred approaches that you will learn about include positive risk taking, using an individual's care plan and finding out about individuals' unique histories, preferences, wishes and needs.

You will also learn about how to establish consent when providing care or support to an individual and what to do when you cannot. Encouraging active participation and reducing the barriers that may arise, as well as supporting individuals' rights to make informed choices and considering how this can be done in line with best practice and risk assessment processes are another two aspects of person-centred working that you will be able to use your skills to practise.

Promoting individuals' well-being and showing how you can do so effectively are some additional areas of expertise that you will have an opportunity to develop and explain the importance of.

Learning outcomes

By the end of this unit you will:

LO1: Understand how to promote the application of person-centred approaches in care settings

LO2: Be able to work in a person-centred way

LO3: Be able to establish consent when providing care or support

LO4: Be able to implement and promote active participation

LO5: Be able to support the individual's right to make choices

LO6: Be able to promote individuals' well-being

LO7: Understand the role of risk-assessment in enabling a person-centred approach

LO1 Understand how to promote the application of person-centred approaches in care settings

Getting started

Think about what makes you who you are. What are your likes and your dislikes? What is important to you? What do you believe in and why? How would you feel if your family and friends didn't respect these? Now think about the people you support; how do you think they would feel if you didn't respect their personal values and beliefs?

AC 1.1 Explain how and why person-centred values must influence all aspects of health and adult care work

How person-centred values must influence your work

Your values are unique to you, they make you who you are and influence what you do and how you do it. If you have already read [Unit 301](#) that focused on your personal development, you will already know that values represent what we believe to be important to us; they also guide us with how we live our lives and the decisions we make.

The care and support that you provide and support others to provide as a Lead Adult Care Worker or Lead Personal Assistant is also underpinned by a set of values. These are commonly referred to as **person-centred values**. Practising person-centred values mean placing the individual or person you care for at the heart of everything you do and ensuring that you support others to do the same; it is about ensuring care suits individuals and fits around them and that they don't have to adjust to rigid care systems; it is about enabling individuals to control how the care they receive is planned and delivered.

By making sure these values underpin and influence all aspects of your work, the care you and others provide will be:

- focused on the individual and represent their unique needs, wishes and preferences
- focused on enabling the individual to be in control of their life including how they want to live it
- focused on enabling the individual to plan for the care and support they would like (including changes that may arise in the future).



Key terms

Person-centred values include individuality, rights, choice, privacy, independence, dignity, respect, partnership, care, compassion, courage, communication, competence

Care settings refer to adult care settings as well as adult, children and young people's health settings. This qualification focuses on adult care

settings.

The person-centred values that underpin high-quality care and support are set out below.

You will need to show that you can apply these to the way that you practise in your **care setting**.

Person-centred values and how they influence all aspects of health and adult care work

Individuality

This means treating people as individuals and supporting and encouraging an individual to be their own person, for example assisting an individual to dress in the way they want to. It means understanding that everyone is different and unique. The people you care for may have similar impairments or conditions, but they will all have different needs and preferences. For example, not all individuals will want assistance with eating and drinking – some individuals with physical disabilities may be able to eat and drink independently while others may require support to eat and drink or use adapted cutlery to do so.

Think about your own personal morning routine. What do you like to do as soon as you get up in the morning – do you like to get up straightaway when your alarm goes off or do you like to switch the snooze button on for 5 minutes? Perhaps you like to have a cup of tea in the morning before you have a shower, or perhaps after you have a shower. Perhaps you like to have time to have breakfast in the morning, as long as it's not too early. If you didn't follow your morning routine, how would you feel? Not your usual self? Disorganised and not ready for the day ahead? This is what makes you, and what makes individuals who they are. It's thinking about these small touches that are important to delivering good quality care.

Rights

This means helping individuals to understand and access their rights and supporting and encouraging an individual to understand what they are entitled to. For example, ensuring individuals' rights are met and that there are no barriers to stop them from accessing their rights. Having a disability or being in a wheelchair should not be a barrier to joining in activities and fear of upsetting a care worker should not be a barrier to making a complaint. Not being able to read or read English should not be a barrier to signing a form. Instead, you and

others should support individuals to access their rights and ensure activities allow everyone to participate. You must make sure that individuals are aware of the process for making complaints and are supported to make a complaint should they need to. You will make sure that you support anyone who cannot read to understand what they are signing before they do so.

Choice

This means supporting, encouraging, empowering and enabling an individual to make their own choices and decisions. Everyone is entitled to make their own choices in a care setting. Individuals should choose how they would like to be supported and be given information about what options are available in order to make informed decisions. For example, you should tell individuals about the different care and support services that are available in their local area so that they can decide which one is best for them.

Privacy

This means showing respect for an individual's personal space and personal information and allowing them their privacy. For example, this could include something as simple as knocking on the door of an individual's room before entering, making sure that individuals can spend some time alone if they want to; giving individuals privacy should they request it when family members visit and ensuring that they are able to privately carry out personal care should they want to.

Independence

This means supporting an individual to be independent and in control of their life by doing as much for themselves as they are able. For example, encouraging an individual to find out about the range of services that are available to them to enable them to remain living in their own home. Supporting individuals to be independent also means assessing the risks that they face but ensuring that they understand these and are able to live as independently as possible.

Dignity and respect

This means treating people well and showing respect for their views, opinions and rights. Respect for individuals involves taking into account their differences and valuing them as individuals with their own needs and preferences. It also means promoting an individual's sense of self-respect by ensuring they do not feel humiliated or embarrassed in any way. Although you are there to support them, individuals should still feel that they are in control of their lives and

treating them with dignity and respect is a big part of this.

Care – one of the 6Cs

Providing care is of course perhaps the key person-centred value that underpins your and others' roles. But more specifically, it means providing care in a way that is consistent, sufficient and meets the needs of the individual. For example, one of your responsibilities may be to support an individual with their mealtimes. However, in order to make sure that you provide good quality care and fulfil this duty adequately, you will need to ensure that the meal is prepared in a way that meets their dietary and nutritional requirements, is enjoyable and you may also need to support them in eating and drinking should they need it.

Compassion – one of the 6Cs

This means providing care to an individual in a way that shows kindness, consideration, empathy, dignity and respect. For example, this might mean taking time out from a busy shift to sit with an individual who has received some sad news.

Courage – one of the 6Cs

This means providing care in a way that is morally acceptable, to do the right thing for the individuals we care about, and to constantly develop and change our ways of working if this will lead to improved, more efficient practice. It also includes speaking up if you have concerns about practice at work or about an individual. This could include speaking up for an individual who is being abused and is too scared to report it.

Communication – one of the 6Cs

Good communication is key to providing high quality care and support and to effective team working. It includes actively listening to what the individuals have to say and is necessary for building strong relationships with them and colleagues. You may like to refer to [Unit 303](#) Promote communication in the care setting for more information.

Competence – one of the 6Cs

Being competent in your job role means having the knowledge, skills and expertise to provide high-quality care and support, and working effectively and efficiently with individuals. It means understanding the needs of the individuals you care for and providing effective care to meet their needs. For example, this could include applying the knowledge and skills you have learned in relation to

moving and handling to assist an individual to move safely from one position to another.

Partnership

This means working together, alongside the individuals for whom you provide care and support to ensure that they are at the centre of the care you provide and are in control of the care they receive. It also includes working with others, their families, your colleagues and those outside the organisation. Working in partnership is essential for the provision of high quality person-centred care. You might want to look at Unit 202 Responsibilities of a care worker, [AC 3.1](#) and [3.2](#) which cover partnership working. It also includes empowering individuals socially by providing them with social support so that they can interact with others as well as opportunities for individuals to develop their intellectual and cognitive skills.

Why person-centred values must influence your work

Embedding person-centred values in your everyday work practice is central to providing person-centred care. As you know, person-centred care is about providing support that keeps the individual as the focus. This involves supporting the individual to be in control of their life and the decisions they make both in relation to now and in the future. These person-centred values will underpin everything that you do, from mealtimes to personal routine tasks, and activities that they participate in will need to have the individual and their **preferences** at the centre. It is important to ensure that these underpin all aspects of your work because in your lead role you will be expected to set a good example to others.

Working in a way that embeds person-centred values in all aspects of health and adult care work is important and benefits individuals because:

- By involving individuals in the care they receive and supporting them to make their own choices and decisions, you will allow individuals to live as independently as possible, helping them to feel in control of their lives and to feel more confident. It is worth thinking about how you would feel if someone made decisions about your life for you. What if someone else made the decisions about where you lived, what you ate and what medicine you could or could not take? Everyone is allowed the right to make their own choices, including those in care settings and taking away this control denies people their right to make choices and live the way they want to.
- It can make a positive difference to individuals' lives as the care and support

you provide will reflect individuals' needs, views and preferences. It will be in line with what the individual prefers, enabling them to live how they want to.

- You will be able to find out more about individuals' unique likes, dislikes, abilities and preferences and can tailor your care to meet their requirements. This will show individuals that you respect and value them. It will show you have a genuine interest in them and that you care.



Commitment

As an adult care worker, you will need to be committed to upholding person-centred values and ensure that they inform your practice. Being committed to the people we care for is a key part of our role. This also means being committed or dedicated to continuously improving the quality of care that we offer individuals so that their experience is a positive one.

It means dedication to providing care that has the person at the centre and is underpinned by person-centred values. It also means striving to improve your practice to ensure it is person-centred. How can you show you are committed to providing person-centred care and support in your current job role? How have you contributed to an individual's positive experience of accessing care and support? Look at the areas we discussed above and think about how you apply person-centred values in your role.

Working in a way that embeds person-centred values in all aspects of health and adult care work is important and benefits you and other adult care workers because:

- **It ensures you are meeting the expected standards:** embedding person-centred values into your work practices means that the way you provide care and support to individuals will meet the standards that are expected of you as a Lead Adult Care Worker and Lead Personal Assistant, and demonstrates that you have the right values and behaviours.
- **It ensures you provide high quality care and support:** you will be following best practice which will in turn impact on the quality of the care and support you provide. For example, showing you are able to support individuals to be in control of their lives, including their own care and support, will lead to the provision of safe and effective care and support.
- **It ensures you promote partnership working:** you will be getting to know

how to work alongside individuals and others who are involved in their lives, such as their families, other professionals and services, thus showing you are able to work as part of a team for the best interests of individuals.

Not working in a way that embeds person-centred values in adult care settings is unthinkable and must be avoided. Below we explore some of the consequences of not ensuring that person-centred values influence all aspects of your work.

Consequences of not embedding person-centred values

- **Ignoring individuals' rights:** individuals will not feel valued or respected and may become frustrated and anxious.
- **Disempowering individuals:** individuals will not feel in control of their care or support and may stop interacting with you.
- **Influencing individuals' lives negatively:** individuals who have not participated in their care and support will experience a poor quality of life because they will feel disappointed that their views were not taken into account.
- **Providing poor-quality care and support:** the care and support will not meet individuals' needs, views and preferences.
- **Not working in partnership:** a lack of trust between individuals, others and you means not being able to work together effectively when providing care and support.
- **Not meeting the required standards:** not working competently can result in you working in unsafe ways and not being able to continue with your career.



Research it

1.1 Legislation, embedding person-centred values and consequences of not doing so

Research how key pieces of legislation such as the Human Rights Act 1998 and the Care Act 2014 can help with embedding person-centred values when providing care and support to individuals. Explain to a colleague the reasons for embedding person-centred values in your working practices, then explain the consequences of not doing so.

Produce a written account of your research findings.

Evidence opportunity

1.1 How and why person-centred values must influence all aspects of your work

As a Lead Adult Care Worker or Lead Personal Assistant, imagine that you have been asked by your manager to write some guidance for a new member of staff, outlining the reasons why it is important to work in a way that embeds person-centred values.

Write down how you would explain to the new staff member what person-centred values are. Which values would you say are the most important? Why?

What examples could you use to explain how to work in ways that embed person-centred values? Ensure you explain all of this in your written work.

AC 1.2 Evaluate the use of care plans in applying person-centred values



Key terms

A **care plan** may be known by other names, such as a support plan, or individual plan. It is the document where day-to-day requirements and preferences for care and support are detailed.

A **care plan** is the document where day-to-day requirements and preferences for care and support are detailed. Care plans can be developed and updated by the individual receiving the care, with the help of others who know the individual well, such as family and friends. You or the manager will then look at the care plan, assess and agree to it. As well as looking at the overall plan, it may be that the manager needs to approve any budget with regard to the plan.

As you have learned, a key part of person-centred care is to encourage the individual to do as much as possible themselves, so a key part of the care plan will be to identify the areas that the individual is able to manage without assistance, then work out where the individual requires some help. By being focused on the individual, the care can be based on what they want and tailored to match their needs. This is why the care plan is so important when it comes to delivering person-centred care. Essentially, the care plan should be informed by what the individual wants from their care. This can then be used as the basis to determine how you can provide that care and support.

[Figure 9.1](#) is an extract from an individual's care plan to give you an example of what one might look like. It is important to remember that as care plans are personal and unique to the individual, no two care plans will be the same. This is why writing plans in the first person is good practice.

How does a care plan contribute to applying person-centred values?

Using an individual's care plan contributes to working in a person-centred way because:

- it promotes the individual's rights: the individuals you care for are fully involved or lead how their care and support needs are met. They may not only

write the plan but may also have a copy of what has been agreed in their care plan. They can also maintain control over their personal information

- it supports individuality: the care and support you provide meet an individual's unique needs and preferences. It is drawn up in a format that the individual understands and may even use photographs or video
- it enables the individual to live independently: By focusing on their strengths, abilities and wishes, a care plan can enable an individual to have the quality of life they desire and allows them to achieve as much as they can for themselves.

Sophie's care plan
All about me My name is Sophie Donning. I am 26 years young and up until a year ago I lived with my mum, dad, younger brother and two dogs. My family and friends are very important to me and I enjoy spending time with them and enjoy visiting them at weekends and going away on holiday. My family and friends know me very well and are the people who are the closest to me. They say that I am fun to be around and admire my patience and kindness, especially towards my younger brother who, like me, also has a physical disability. I enjoy helping people and always try to keep busy. How to support me When I need support, I will let you know; I am very good at asking for help when I need it. Some things I can do for myself. These include getting washed, dressed, doing the laundry and cleaning my flat. There are other things that I need you to support me with. This is because I use a wheelchair and sometimes I may feel a bit low in myself and might feel unable or not confident enough to do these things on my own. These things usually involve going out shopping, attending appointments – especially those at the hospital and going to new areas or places I've never been to before. Please remember not to assume I will always need your support when I go out. Sometimes if I'm having a good day I won't need your help. Always ask me, just to make sure.

Figure 9.1 Example of a care plan



Reflect on it

1.1, 1.2 Person-centred values and care plans

Reflect on your learning at the beginning of this unit around how and why person-centred values must influence your working practices.

What person-centred values are you promoting when using an individual's care plan for the provision of their care and support?

Evaluating the use of care plans

The use of care plans in applying person-centred values will only be effective if:

- the care plan is developed with the individual and/or their representative – otherwise it will not reflect the individual's wishes or promote their rights
- the care plan is updated – otherwise it will not reflect the individual's current needs, views and preferences or any changes that have occurred, such as to the individual's care needs or the type of support provided
- the care plan is used and referenced before and during the provision of care and support – otherwise you will not be able to use it to inform your working practices.

AC 1.3 Explain how to collate and analyse feedback to support the delivery of person-centred care in line with roles and responsibilities

Obtaining and analysing feedback from others is an essential part of delivering person-centred care. It is important to collate feedback from as many sources as possible so that you can build a true picture of how effective the care you and others are delivering is and what improvements, if any, need to be made to ensure that the individual and their needs remain at the centre of the care you provide.

Sources of feedback

To deliver person-centred care you need to find out how effective the care being provided is in terms of whether it is having a positive impact on the individual and whether it is of a high quality. You can obtain feedback from individuals, their families, friends, advocates, team members, colleagues and other professionals.

Evidence opportunity

1.2 Evaluate the use of care plans in applying person-centred values

Identify an individual's care plan that you have used in your day-to-day work practice – you may find it useful to refer to this while completing this activity.

Remember that the care plan contains personal information that does not belong to you, so make sure that you have the individual's and your manager/employer's permission to access it and that you do so in private. You must pay strict attention to confidentiality.

With your manager, discuss the reasons why you used it in your working practice and how it helped you deliver person-centred care according to the needs of the individual. Then provide two examples of how you used it. Include in your discussion how doing so impacted on the individual and the quality of care and support you provided. How effective was the care plan in applying person-centred values? What aspects of the individual's life have improved as a result? Are there any areas where further improvements are required?

Write up notes to evidence your discussion. This discussion might be observed by your assessor or it could be a witness testimony account.



Reflect on it

1.3 Obtaining feedback

Reflect on the people you can obtain feedback from in the setting where you work. Now think about an occasion when you obtained feedback from someone at work. Why did you approach this person and not someone else? What was the feedback for? Was it useful? Why?

Remember to observe how an individual responds to you by observing their body language, for example, as this can give you and others a lot of useful feedback.

Collating feedback

Once you have obtained feedback from various different sources, you need to organise it in a meaningful way so that you can make sense of it. This is important in order to understand which aspects of the care you provide are working well and which areas require improvement. You will also be involving the individual throughout the whole process which is part of person-centred care.

How you collate the feedback will depend on the methods you have used to obtain it:

- **Face-to-face:** if you decide to meet with people individually or in small groups you can obtain their feedback directly. You may devise a set of questions that you would like everyone to answer and record people's answers by making notes or by recording what they say. It is always a good idea to clarify the answers you have received by checking your understanding of them with the person.

If you are working with a small group of people you may have a discussion around a set of key topics and then ask one person from the group to record people's views and provide feedback to you at the end of the discussion. If you have a discussion with a person on a one-to-one basis you may decide to ask a colleague to make notes of the key points discussed. You will need to ensure that you meet in a private room where you will not be disturbed.

When collating the feedback you have received, either directly from a person or group of people or indirectly through a representative, you will need to develop a way of recording this. For example, you could create a form where you can record the questions you ask and the answers you receive, or a record sheet where you can summarise the key points and perspectives shared during discussions.

- **Telephone:** you may decide to telephone individuals' relatives or friends to obtain their feedback, particularly if, for example, they live too far away to meet with you or are too busy to arrange a meeting. You will need to think about how to ensure that you get the person's full attention over the telephone. For example, you may decide to telephone the person first to introduce yourself and explain why you want to obtain their feedback and what you are going to do with the information. Once you have obtained their permission to be interviewed for feedback you could then agree a mutually convenient time when they can speak with you over the telephone; you will need to provide them with an indication of how long it is going to take and what it is going to involve – will it be a series of questions for them to answer or more of a discussion? It might be useful to provide the person with an outline of the questions you are going to ask or the topics you are going to discuss beforehand.

You must decide how you are going to record the feedback you receive over the telephone. If you are going to make notes, then ensure that you have a format for recording these. If you record the phone call, then you will need the person's permission to do so.

- **Email:** you may decide to email questionnaires to people. If you do so, then you will need to think carefully about your wording and how you are going to explain to the person why you are contacting them, the purpose of obtaining their feedback and how you are going to use it. Remember when emailing invitations to people requesting that they respond to questionnaires you should ensure that these are written clearly and professionally and that you include your name, role and contact details so that if the person has any questions or wants to clarify who you are, they can do so.

You must also then think about how you are going to collate the questionnaires you receive over the email. Are you going to store these electronically or print them out and store them in a file? How will you ensure their confidentiality? Will you use a password with a dedicated folder that only you have access to, or a lockable filing cabinet that you can store them in securely? Remember confidentiality – you may need to look

at the rules around GDPR 2018 (see page [262](#) for more information on this legislation).

Analysing feedback

To ensure the feedback you have collated is valid and that you will be able to make sense of it you will need to know the following information – perhaps you can use key points, like a checklist, to help you determine the quality of the feedback you have obtained. [Figure 9.2](#) is an example of a checklist you could use.

Understanding sources of your feedback

Understanding the sources of your feedback is essential for determining the purpose of your feedback so that when making a judgement as to its effectiveness you can measure it against your original aims. This is referred to as analysing your feedback; i.e. deciding whether the feedback you obtained provides you with answers to the questions you were asking. You also need to ensure that the feedback you obtain is representative. For example, two out of six responses obtained from a team of care workers is not representative of the team's views compared to five out of six responses. The latter number of responses will mean that you have obtained feedback from more people within the team and therefore this is likely to be more representative of what the team thinks.

Feedback checklist	
Sources	
	• Who did I ask for feedback? Why? • How many people did I ask for feedback? • How many people responded? • How many people did not respond or take part? Why?
Methods	
	• Which methods did I use to obtain feedback? Why? • Did I agree the methods used with those involved? • Which methods were most effective? Why? • Were any methods used ineffective? Why?
Timescales	
	• What timescales were agreed to obtain feedback? • What timescales were agreed to collate feedback? • Who did I agree these timescales with? Why? • How am I going to communicate these agreed timescales?
Factors	
	• How am I going to maintain confidentiality? • Are there any arrangements I need to make to obtain people's feedback? • How am I going to handle negative feedback? • How am I going to share the feedback received?

Figure 9.2 Example of a checklist to help you determine the quality of feedback you have obtained

Justify the methods you use

It is important that you are able to justify the methods you use including those that worked well and those that didn't. This will help you show that the methods you used for obtaining feedback were open and transparent and that they generated valid and accurate information. For example, you may decide to interview an individual who has a hearing impairment in person and with a sign language interpreter present so as to ensure that they are able to understand you, express what they think and make themselves understood. You can refer to [Unit 303](#) Promote communication in care settings for more information.

Obtain feedback in a timely manner

All feedback needs to be obtained in a timely manner, and those you have requested feedback from should not be rushed. Not giving enough time for people to provide feedback can result in some people not being able or willing to

participate. Feedback obtained also needs to be analysed in a timely manner so that your analysis reflects people's current views and perspectives. Not doing so can result in people involved forgetting why they provided feedback in the first instance as well as delay your findings and therefore their relevance to the impact they had on the person. For example, if you obtained people's feedback during the months of March and April but did not analyse it until September and then fed back your findings to all those involved in December, then it is likely people may have forgotten what they said.

Other factors

Your analysis must take into consideration a number of important factors. Again, not doing so may compromise your findings because they may not be considered valid. For example, it is important that confidentiality is respected throughout the process so that all those involved can be confident that their feedback will be kept secure; this means that people will be more likely to say what they think.

It is also important that people are supported when required to give feedback, for example an advocate may need to be present or an individual require more time, or a team member may only be able to meet you at the end of their shift.

Your analysis must give a balanced view of all feedback you have received; this means both positive and negative feedback must be recognised and recorded. Not doing so may mean that people involved decide to not provide their feedback in future, feeling it has not been taken seriously.

Finally, it is important that your findings are communicated to all those involved. You can do this using a variety of methods. Doing so will mean that all those involved will know what has happened with the feedback you have obtained from them and that you will have this as something to refer to in the future.

Evidence opportunity

1.3 How to collate and analyse feedback to support the delivery of person-centred care

Identify an individual you provide care or support to. Identify three sources of feedback you can use to determine the quality of the care or support provided to this individual. For example, you may want to speak to the individual or to a colleague or their advocate who knows them. Collate and analyse each person's feedback received. Ask a work colleague, team member, your manager or employer to observe you doing so; obtain their

feedback on the process you followed.

Provide a written account explaining how to collate and analyse feedback to support the delivery of person-centred care in line with roles and responsibilities.

LO2 Be able to work in a person-centred way

Getting started

Make a list of all the people who know you well where you work. For each person write down one thing that they know about you. For example, this could be something about your background, likes or interests.

Now think about an individual you know who has care or support needs. Write down what you know about this individual. How well do you think you know this individual? Why? Is there anything else you'd like to know about them? How could you find out?

Remember rules around confidentiality and don't mention names or anything that could reveal their identity.

AC 2.1 Work with an individual and others to find out the individual's history, preferences, wishes and needs

As we have discussed, the needs of the individuals that you care for should be at the centre of all the care and support you and your colleagues provide. To make sure this happens, first you will need to find out as much as you can about individuals for whom you will be caring. You must not only understand what they would like from their care, but also find out as much as possible about their history to enable you to understand them as a person, which will in turn allow you to meet their needs and allow them to live their life as they want. In order to do this, you will need to work with the individual and others, which may include team members and colleagues, other professionals, as well as families, friends, advocates or others who are important to the individual.



Key terms

Preferences refers to an individual's wishes. These may be based on an individual's beliefs, values and culture.

There are different ways you can build up a picture of who an individual is and what makes them the person they are. In order to find out more about the individuals you care for, you will need to explore different ways to discover this information by working with both individuals and others. The best way is to ask the individual. You will learn more from speaking to them than you will from any other sources and it may be that, depending on your role, you carry out an assessment and complete a form with set information you need to find out. You can also speak to their family, carers or advocates who will be able to help you build up a picture of who the individual is. Team members and colleagues as well as other professionals, such as GPs, will be able to help you understand particular aspects about the individual such as their medical history – this is important of course but will not necessarily help you understand the person as a whole.

Finding out about an individual's history

By speaking to individuals about their history, you will be able to understand more about the experiences that have informed the person they are. You can do this by asking them about their childhood and family background. This is very

important, especially when you work with older people. All individuals have a history and they may even be eager to share it with you. You could ask if they would like to show you any photographs or tell you any memories. By doing this, you are valuing the person you care for as an individual, one for whom you should have a genuine interest. Other people involved in their lives who know the individual well, such as their family, friends and advocates may also be useful sources of information.

Think how you feel when someone asks you for your opinion, or asks you how you are feeling, what your likes and dislikes are or talks to you about your own history. Do you feel that the person asking cares about you and your opinion? Do you feel that they are interested in who you are as an individual? Similarly, asking people about their history will not only allow you to provide better care but will also allow the individuals to feel respected and valued and not just another person that requires care.

The individual's preferences

These may be based on the individual's beliefs, values and culture. You can find out about an individual's beliefs by asking the individual what they view as important. For example, these may be religious values and will impact the support needs that they have, such as nutrition and personal care. You can find out about an individual's values by discussing them with the individual. These may include not eating meat, washing with running water or only being assisted with their personal hygiene by a person of the same gender. You can find out more about an individual's culture by asking them (and others who know them well) questions about their culture and the associated practices they follow. This might affect how they communicate with others, what they eat and what they wear.

The individual's wishes

You can find out about an individual's wishes by asking the individual what their hopes and dreams are for the present and the future. Others who know the individual well may also be helpful when drawing up a picture of what the individual's wishes are.

The individual's needs

You can find out about an individual's needs by asking the individual what care and support needs they have and what they require to meet these. This might include asking them what their needs are with regards to nutrition and what activities they would like to participate in so that they can live as actively as

possible. You will need to identify the gaps between where they are independent and able and where support is required. Others who know the individual well may also be a useful source of information about the needs they have. It is only by finding out about the individuals that you can truly provide person-centred care.

Remember to discuss all aspects of their life that make up the person they are such as their health, social interactions, cultural and religious background and educational and employment background so that you build up a holistic and more rounded impression of the person they are.

Collating all this information takes time and may have to be built up over days, weeks and even months. It may involve not only discussions with the individual and others who are involved in their lives but also reviewing previous care plans the individual may have had (letters about the care and support they have received, reports, other records, such as communication records and risk assessments, photographs and images of different activities they have participated in and goals they have achieved). Some of this information may have already been collated by your manager upon the arrival of the individual at the care setting where you work or by other staff who have worked closely with the individual – do not forget to ask them and involve them too.

Evidence opportunity

2.1 Finding out about the individual

You will be observed working with an individual and others to find out the individual's history, preferences, wishes and needs. You could also obtain a witness testimony showing that you are able to work with others, so you will need to arrange for your assessor to do this.

Once you have agreed these with your manager or employer, put them into practice. Did you find out anything you didn't know about the individual? How did you find the process? If you did this again would you use the same methods? Explain why. Discuss your responses with your assessor.

Remember that you will be observed working with an individual and others to find out the individual's history, preferences, wishes and needs.

Remember that you cannot include the care plan or personal details about individuals in your portfolio.

AC 2.2 Demonstrate ways to put person-centred values into practice in a complex or sensitive situation

You will be observed for this AC, demonstrating ways that you put person-centred values into practice in a **complex or sensitive situation**. As you will have learned in previous units, individuals communicate and interact with others in many different ways. When individuals are in complex or sensitive situations this may influence how they feel and interact with others because they may feel upset, frightened, angry or frustrated.

Putting person-centred values into practice is important because doing so can:

- reduce individuals' distress, anger or frustration
- improve individuals' quality of life
- improve individuals' well-being
- support individuals' needs, preferences, history, wishes and strengths
- encourage positive relationships between individuals and others
- create an environment that is positive and safe for everyone
- ensure individuals feel safe
- ensure individuals are treated with compassion, dignity and respect
- empower individuals to be in control of their lives.



Key terms

Complex or sensitive situations may include those that are distressing or traumatic, threatening or frightening, likely to have serious implications or consequences, of a personal nature, or involving complex communication or cognitive needs.



Reflect on it

1.1, 2.2 Complex and sensitive situations

Reflect on an occasion when you or someone you know dealt with a complex or sensitive situation. What happened? Why was the situation complex or sensitive? How did you or the other person feel about the

situation? Why? Write a reflective account.

Putting person-centred values into practice in a complex or sensitive situation is very important because you will require an enormous amount of skill and knowledge to be able to handle these types of situations effectively.

How to put person-centred values into practice

You can put person-centred values into practice when handling a complex or sensitive situation by using a variety of person-centred approaches to ensure the individual remains at the centre. [Table 9.1](#) provides you with some examples of the different ways you can do this.

Table 9.1 Examples of ways to put person-centred values into practice in complex or sensitive situations

Examples of complex or sensitive situations	Ways to put person-centred values into practice
Distressing or traumatic – an individual is bereaved of their parent	● Individuals may experience distress or trauma if they have been bereaved. ● Reassure the individual that it is OK to feel the way they do. This will show your understanding and care. ● Listen to what the individual tells you, do not pressurise the individual to speak with you if they do not want to. You could ask them whether they would like to be left alone, speak with you later or whether they would prefer to speak with someone else. This will show your compassion, and that you are promoting their rights to respect and choice in allowing them to retain control of the situation. ● Offer the individual support. This can be from you, others who know the individual well within your setting or even the use of outside support services, such as bereavement helplines or counselling services. ● Reassure the individual that you will maintain their privacy and confidentiality when you record and report what has happened. Continue to monitor the individual.

Table 9.1 Examples of ways to put person-centred values into practice in complex or sensitive situations
continued

Examples of complex or sensitive situations	Ways to put person-centred values into practice
Threatening or frightening – an individual witnesses another individual get physically assaulted	● Try and calm the individual down as they are likely to be very upset by what they have witnessed. The individual may also not be able to sleep at night because of what they have witnessed and/or feel frightened for their own safety. You will need to reassure the individual that they are safe and free from harm. ● Discuss what has happened with the individual; if they want to repeatedly go over the incident, do not become impatient or prevent them from doing so, let them tell you what happened and how they are feeling as this is likely to be their way of making sense of it all. ● Respect the individual's choice in relation to what they would like to do next. Perhaps they do not want to provide a witness statement, perhaps they do. It is important to be honest with the individual and explain to them that the police may want to interview them; this is likely to make them feel anxious, but you can reassure them by telling them that they will only be interviewed by someone who is experienced and has been trained to do so. ● Offer the individual support to overcome the incident they have witnessed; ask the individual if there is anyone they would like you to contact. Continue to monitor the individual.
Likely to have serious implications or consequences – an individual self-harms	● The individual will be feeling very low in mood and anxious. ● Show your consideration towards the individual by not ignoring any signs you see that they have self-harmed, for example perhaps you notice bruises or cuts or that the individual's behaviour has changed (you can learn more about the signs of different types of abuse in Unit 201 Safeguarding and protection in care settings). ● Be sensitive towards the individual by choosing the words you say to them and taking account of your body language; do not scold them, appear angry or show that you are shocked by what they have done. ● Ask the individual how they feel and give them the choice as to whether they want to share anything with you about how they are feeling. Offer them any support you can, for example by showing you genuinely care about maintaining their safety and/or by giving them the contact details of other people they can talk to in confidence such as a helpline or support group. ● Reassure the individual that you will maintain their privacy and confidentiality when you record and report what has happened. Continue to monitor the individual.
Of a personal nature – an individual is verbally abused by another individual	● The individual will be feeling frightened, upset and even angry about what has happened. ● Show your care and compassion towards the individual by asking them if they are OK. ● Ask the individual what happened; listen attentively and do not interrupt. Do not make any judgements about what happened or who was to blame. ● Ask the individual what they would like to see happen next. Perhaps they would like an apology from the individual or to speak to their advocate or perhaps they would like time to think about what they want to do. Respect the individual's choice even if you disagree with them and tell them that you are supporting them. (Sometimes there may be a conflict between you respecting the individual's rights and your duty of care to keep the individual safe; you can read more about this in Unit 305 Duty of care in care settings.) ● Reassure the individual that you will maintain their privacy and confidentiality when you record and report what has happened. Continue to monitor the individual.

Examples of complex or sensitive situations	Ways to put person-centred values into practice
Involving complex communication or cognitive needs – an individual with dementia accuses you of stealing their personal possessions	● The individual will be feeling very upset and anxious and maybe even angry. ● Do not contradict what the individual is saying or take their accusations personally because although you know it is not true, for the individual who has this condition they truly believe it is. Respecting what they are saying will mean that they will feel listened to and valued. ● You can reduce the individual's distress by distracting them once they have told you about why they are distressed; perhaps the individual can go for a walk or perhaps you can suggest they try an activity. ● You may also be able to reduce the individual's distress by helping them to look for their personal possessions. If you do find them, tell the individual that you are pleased and reinforce this with them rather than tell them that they accused you wrongly; this will more likely lead to positive feelings. ● Reassure the individual that you will maintain their privacy and confidentiality when you record and report what has happened. Continue to monitor the individual.



Research it

2.2, 1.1 Types of complex and sensitive situations

Research different types of complex and sensitive situations that have arisen in your work setting; perhaps you can keep a diary of over the last few weeks and record any sensitive/complex situations that arise. What person-centred values were put into practice? Why? Discuss with your assessor or a colleague.

Evidence opportunity

2.2, 1.1 Person-centred values in practice in complex or sensitive situations

Demonstrate for your assessor the different person-centred values you put into practice in each situation. You may also be able to obtain a witness testimony from your manager.

AC 2.3 Adapt actions and approaches in response to an individual's changing needs or preferences

Working in a person-centred way is not only about finding out about an individual's history, preferences, wishes and needs and knowing how to handle complex and sensitive situations but it also involves being able to adapt your actions and approaches in response to an individual's changing needs or preferences so that the individual remains at the centre of all care and support provided. Adapting your ways of working involves putting into practice the person-centred values you learned about earlier on in this unit. This is a good time for you to recap the knowledge you gained about person-centred values for care and support in [AC 1.1](#). Before doing so, how many do you know already? Can you name them? Do you know why they must influence all aspects of your work? Then look back at [AC 1.1](#) and think of all the considerations we discussed, such as, an individual's health, family background and religious needs.

Changing needs or preferences

The needs or preferences of individuals may change for many different reasons. For example, it may be due to a change in an individual's condition or health. Perhaps the individual's condition or health has worsened or perhaps it has improved. Perhaps you and others will focus more on building the individual's self-esteem and confidence to improve their mental and emotional well-being (you will learn more about these concepts in LO6); you may also decide to find out about additional support that the individual can access to help them to overcome their fears of falling. Perhaps you and others will focus more on enabling the individual to increase their independence and find out about different mobility aids and equipment that they may be able to access to make mobilising around their home easier, such as a walking aid or hand rails.

Changes in individuals' needs and preferences may also occur because of a change in circumstances. For example, an individual may have recently been bereaved of their partner. This may mean that they no longer have the emotional, practical or financial support that they have been used to having when at home. However the individual responds to their situation you and others will need to ensure that you are able to adapt your actions and approaches to support the individual's choices and preferences (you will learn more about supporting the individual's right to make choices in LO5).

[Table 9.2](#) provides some examples of how you can adapt your actions and approaches in response to individuals' changing needs or preferences.

Adapting your actions and approaches in response to an individual's changing needs or preferences is a key part of being able to provide high quality care and support. It requires a great deal of expertise and commitment. It means that you need to work in ways that are flexible, maintain the individual as the focus and be prepared to try different ways of working. Working in this way can also have a significant impact on the quality of individuals' lives and can make a positive difference, as Case study 1.1, 2.1, 2.3 shows.

Table 9.2 Examples of how to adapt actions and approaches

Changing needs or preferences	Examples of how to adapt your actions and approaches
An individual with dementia begins to require support with their personal hygiene as they are no longer able to do this themselves	● Explain to the individual that you would like to support them with their personal hygiene; you may need to adapt the way you do this by speaking in short and clear sentences and by giving the individual time to understand what you have said to them. ● Provide the individual with the opportunity to choose whether they would like a bath or shower and whether they would like a hair wash. Instead of asking them (which they may find difficult to understand because of their condition), you may need to walk round the bathroom first so that they can point and choose what they would like. ● Show respect for an individual's culture and beliefs by asking them if there is a personal hygiene routine they prefer to follow, such as using running water when washing, or only having a person of the same gender assist them. Your questions will need to be short and clear. If the individual appears confused or does not understand what you have asked them you may need to show them through your actions, for example by using running water, by going to their preferred bathroom or asking them to place their personal materials in the bathroom of their choice.
An individual wants to try a new activity but is anxious that they will not enjoy it	● Ask the individual whether there are any activities they would like to do but haven't tried yet, such as bowling, or learning a new skill like sewing or painting. If the individual does not know what new activity they would like you could research the local area with them to find out what activities are on offer. ● Promote an individual's independence and self-confidence by encouraging them to lead the activity – give only as much support as required and ensure that you do this by going at the individual's own pace. ● After the activity, encourage the individual to reflect on their participation in the activity and discuss what they thought worked well. Ask them what they enjoyed, what they didn't like or what they think could be improved. Ask them how anxious they felt before, during and after the activity; you will need to monitor this closely as part of your support to the individual to ensure it is effective and reflective of the changes in their needs.



Case study

1.1, 2.1, 2.3 Person-centred working in practice

Kian is a [Shared Lives carer](#) and is married with two children. Stacey has learning disabilities and lives on her own. She is joining Kian and his family this weekend as they are planning a camping trip to take place the following week to which Stacey has also been invited. As Stacey has never been camping before she is keen to find out more about what Kian and his family are planning and she agrees to discuss the trip with Kian and his family over afternoon tea.

Kian begins by showing Stacey photographs of previous camping trips the family has been on. Kian asks Stacey to take her time to look through these and as she does so he asks one of the children to tell Stacey where the photo was taken and what is happening in it.

Kian is observing Stacey closely and he can see that she is looking a little upset. Once they have finished looking through the photographs, Kian asks Stacey if she can help him with the washing up. Stacey agrees and while the two of them are in the kitchen, Kian asks Stacey what she thinks about camping. Stacey explains that she's feeling very anxious because she has never spent time away from home before.

Kian asks Stacey if she would prefer not to go away at first for a whole weekend and instead to try a day trip to see how she feels. Stacey says that she would really enjoy that. Kian asks Stacey to have a think about where she would like to go, then perhaps she could visit again one afternoon next week and they could discuss this again as a family over tea. Stacey agrees and says that she will also try and bring some information with her about different places where they could all go together.

Discuss:

- 1 The person-centred values applied by Kian.
- 2 Examples of how Kian takes into account Stacey's history, preferences, wishes and needs.
- 3 How Kian adapted his working approaches and why.
- 4 The impact of Kian's person-centred way of working on Stacey.



Key terms

A **Shared Lives carer** is someone who opens up their home and family life to include an adult with support needs so that they can participate and

experience community and family life. The individual may stay with them for the weekend and they may even go on holiday together.



Research it

2.3 Shared Lives Plus

Shared Lives Plus is an organisation for Shared Lives carers and schemes. Find out about who they are and what they do.

Produce a leaflet with your findings.

You will find the link below useful:

<https://sharedlivesplus.org.uk/>



Research it

2.3 Helen Sanderson Associates

Helen Sanderson Associates have developed a range of person-centred thinking tools.

Research the tools they have developed and think about how they might help you in your care setting. You will find their website useful:

www.helensandersonassociates.co.uk

Evidence opportunity

2.3, 2.1, 1.2 Adapting in response to changing needs or preferences

Keep a diary for a week, recording the different occasions on which you adapt your actions and approaches in response to individuals' changing needs and/or preferences. Reflect on the person-centred values you have applied and how you have done so.

At an appropriate time, show your diary to your assessor and discuss what you have learned about the importance of person-centred working when

supporting individuals. Ensure you reflect on your performance and the benefits that your person-centred values had for individuals.

Remember that for [AC 2.3](#), you will need to show your assessor how you adapt actions and approaches in response to an individual's changing needs or preferences.

LO3 Be able to establish consent when providing care or support

Getting started

Think about an occasion when someone obtained your agreement or consent for an activity. For example, this may have been in relation to personal information about your health when visiting a dentist or optician, or in relation to treatment or care when visiting a hospital. How was your agreement or consent obtained? Did you give your agreement or consent? Why?

Did the person explain why they required your agreement or consent? If so, how was this done? Was there anything that could have been done differently to improve how your consent was established with you?

AC 3.1 Analyse factors that influence the capacity of an individual to express consent

What is consent?

You will already know that person-centred care involves respecting individuals' choices and decisions. To do so also requires you to provide the individual with sufficient information to be able to understand the choices and decisions they are making. Similarly, before providing individuals with any form of care and support, you must ensure that you have their agreement to do so and that you have provided them with sufficient information about their options, the benefits, risks and consequences of not doing so to ensure their understanding – this is referred to as 'informed consent'. You will need to answer their questions as best as you can and, if you don't know the answer, to check with someone who does or refer them to someone who does. Make sure the person who needs this information receives it, so they can make an informed decision/consent, whether this is the individual or their family, for example.



Key terms

Consent refers to informed agreement to an action or decision; the process of establishing consent will vary according to an individual's capacity to consent.

Mental capacity refers to an individual's ability to make decisions and give consent.



Reflect on it

3.1 Consent

Reflect on an occasion when you gave your consent to something, for example when you were asked where you wanted to go on a night out or what you wanted to eat. How did this make you feel?

Now imagine how you would feel if you were not asked for your consent.

Why is obtaining consent important?

Obtaining an individual's consent when providing care or support is important because:

- **It is a legal requirement:** to comply with legislation, such as the Mental Capacity Act 2005, the individual must give their consent for the provision of care or support. When an individual is unable to give their consent because they lack the [capacity](#) due to having a condition such as dementia then a representative may decide on their behalf but only if they act in the individual's best interests at all times. The 'best interests' principle in the Mental Capacity Act 2005 means that all decisions made on behalf of an individual who lacks capacity must benefit the individual – this may be in relation to the individual's health, care or support. You will learn more about what to do when consent cannot be established in [AC 3.3](#) on page [370](#). Obtaining consent also means that the individuals you care for have given their agreement for their care and as a result you and your setting are protected legally.
- **It is necessary for working in a person-centred way:** obtaining an individual's consent when providing care or support means that you are respecting the individual's right to agree or refuse and promoting their dignity by not assuming that you know what care or support the individual wants, needs or prefers. Remember it is the individual who knows best. It is the individual or their representative who decides what care or support is needed and/or preferred. The care and medical professions are able to advise on care and medical treatment but individuals and their representatives must be able to decide what happens to them.



Research it

3.1 Mental Capacity Act 2005

Research what the Mental Capacity Act 2005 says about the importance of establishing consent when providing care or support and promoting individuals' rights. Find out more about the five principles:

- 1** A person must be assumed to have capacity unless it is established that he lacks capacity.
- 2** A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

3 A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

4 An act done, or decision made, under this Act for or on behalf of a person who **lacks capacity** must be done, or made, in his best interests.

5 Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Source: *Mental Capacity Act 2005, Part 1, Section 1 The principles*
(www.legislation.gov.uk/ukpga/2005/9/section/1)

There is a useful link below:

www.mind.org.uk/media/1834262/mental-capacity-act.pdf

Factors that influence consent

As you will have learned obtaining an individual's consent is important but sometimes you may come across an individual that may not be able to express their consent. This may be because:

- **The individual lacks capacity** and is therefore unable to make a decision for themselves. This may be due to a learning disability, a condition such as dementia, a mental health need, because they are confused, drowsy or unconscious or because they have misused a substance such as an illegal drug or alcohol.

An individual who lacks capacity will be unable to express their consent. In other words, they will not be able to do one or more of the following: understand or retain the information they have been given, evaluate the information they have received to make a decision or make a decision and express their decision to someone else.

It is also important to take into consideration that an individual's lack of capacity may vary and/or may be temporary. An individual with dementia may lack capacity on some days but not others, similarly some individuals with a learning disability may lack capacity to make some major decisions such as about their future care but not minor decisions such as what to eat or wear. It is important to be aware of all these factors that can influence the capacity of an individual to express consent.

Remember that when an individual does not have capacity for one decision this does not mean that they lack capacity for every decision.

- **The individual is undecided over whether to give their consent** and is

therefore unable to express their wishes. This may be because the individual requires more time to make a decision. This may be the case particularly if the decision they have to make is an important one such as changing the type of support they receive or moving house, or because they are anxious about it, for example in relation to having some medical treatment they may be concerned about going into hospital or the side effects of the medications they will be taking.

- **It is unclear whether an individual has given their consent** and therefore it cannot be assumed that the individual has expressed their consent. This may be because the individual has specific communication needs and it is difficult to understand what the individual is trying to express, or because an individual is feeling anxious or becomes withdrawn and therefore makes it unclear whether they are expressing their consent.
- **It is unclear whether an individual has understood the information provided to them** and therefore again, it cannot be assumed that the individual has expressed their consent. This may be because the information provided to the individual is not in a suitable format that meets their needs; the language used may be too complex or the photographs used may not be easily recognisable by the individual. It could also be due to poor working practices that mean that the information provided is done in a rush or in a way that does not meet the individual's specific communication and language needs and preferences or causes offence to the individual, for example if it is not respectful of their culture and beliefs. You can refer to [Unit 303](#) Promote communication in care settings for more information about effective working approaches for meeting individual's specific communication language needs and preferences.



Key terms

Lack of capacity is a term used to refer to when an individual is unable to make a decision for themselves because of a learning disability, a condition such as dementia or a mental health need, or because they are unconscious.



Figure 9.3 Seeking consent is also important when you are carrying out an activity with an individual, such as cooking, mobilising or going out

Evidence opportunity

3.1 Factors influencing capacity of individuals to express consent

Develop a case study of an individual who has care and support needs and who at times lacks the capacity to express their consent for care and support. Discuss the factors that can influence their capacity to consent. Remember that you cannot include personal details about the individual and you must maintain confidentiality.

AC 3.2 Establish consent for an activity or action

Establishing consent with an individual for an activity or action can only be successful if you:

- work together with the individual. This ensures their rights are respected and their preferences supported
- are flexible in the methods you use. Some individuals may be able to consent verbally, others in writing.

When establishing consent with an individual for an activity or action in any adult care setting it is important to comply with the following best practice guidance.

Top tips for establishing consent:

- Respect the individual's views about the activity or action, for example you should discuss when it is to be carried out.
- Listen to the individual and find out about their preferences about the activity or action.
- Discuss or explain what carrying out the activity or action will involve, for example you should tell them about the number of staff required to support the activity and the process to be followed.
- Provide the individual with relevant and accurate information; this may be in response to any questions or concerns the individual may have.
- Support the individual to make their own decisions and respect these. For example, discuss with the individual the related benefits, drawbacks and consequences and respect their decisions even if you disagree with them.
- If the individual lacks capacity, then you should speak to their advocate but make sure that in the first instance, you consult the individual. Also make sure that you support those with language and communication difficulties to communicate their consent and seek the assistance of translators and communication aids. Remember that if you are unsure about anything or do not have the knowledge about any of this, then you should refer the individual to someone who does (for example, a medical professional). This means the individual has access to the most correct and accurate information available. Also remember the things you have learnt about confidentiality when communicating information, especially to those other than the individual. You may be dealing with sensitive and private information, so it is important that you are sure the individual is happy for the information to be communicated to

others.

Establishing consent is not a process that is completed by adult care workers at the beginning of their shift or once a day; it is an ongoing process that takes place for every activity or action they complete with an individual. This is because an individual's preferences, like yours, may change from one day to another and respecting individuals' preferences and right to change their mind is a must. For example, just because an individual chose to have a shower yesterday morning does not mean they want to have a shower every morning; the individual may prefer to have a bath instead, or to have a wash at night before going to bed. You will only know if you seek the individual's consent – not doing so will result in you not providing good care and support.

How is consent communicated?

We have already discussed informed consent, where individuals are asked for their consent or agreement based on the information they have received about the benefits, risks and consequences. However, how do individuals give or communicate their consent? You will find that this will vary depending on the types of things for which you are requesting consent. For example, it might be done verbally (verbal consent) when you ask an individual whether they are happy to have lunch, or would like to take part in a group activity, and they tell you that it is OK. You may need written consent, for example, when individuals are agreeing to serious medical procedures, when an individual agrees for someone to be their advocate or when consent is required around financial matters.

You will find that consent is not always communicated explicitly, but it may be implied. For example, if you ask an individual who is in bed whether they would like to get up and get dressed, and they sit up in bed and look at their wardrobe, then they are implying that they are ready to do so. It is important that you are aware of these different ways of establishing consent, as well as the situations in which it is important to gain more formal written consent.



Research it

3.2 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Research the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Regulation 1. What does it state about how consent must be established when providing care or support to an individual?

There is a useful link below:

www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-11-need-consent

Discuss your findings with a colleague in the care setting where you work. Make notes based on your discussion.

Evidence opportunity

3.2, 1.2 Obtaining consent

Show your assessor how you establish consent in your work.

Identify an individual you provide care or support to in the care setting where you work and who you know well. Using the individual's care plan and your knowledge of the individual's background, needs and preferences, discuss which methods you can use to obtain their consent when providing care or support.

Do you use these methods already? If not, why not? What are the benefits of doing so? What could be the consequences of not doing so? Ensure you cover all of this in your discussion.

Remember that you cannot include the care plan or individuals' personal details in your portfolio if you write up details of your discussion.

AC 3.3 Explain what steps to take if consent cannot be readily established

As you will have learned in [AC 3.1](#), sometimes it may not be possible to establish consent with an individual for various reasons.



Reflect on it

3.1, 3.3 When an individual lacks capacity

Reflect on your previous learning in [AC 3.1](#). What is the meaning of the term ‘lacks capacity’? How can this impact on how consent is established with individuals?

If consent cannot be readily established take the following steps:

- Try explaining the information to them again. This is so that they understand what the procedure entails, the benefits, risks and consequences.
- Seek advice from, for example, your manager. It is your duty to not ignore the concerns you have but to report that the individual has not given consent, seek further guidance and discuss your concerns. Settings will have their own policies and procedures in place in case of such situations. Doing so reflects your **competence** for providing good care and support and ensuring that the best outcome for the individual can be reached.
- Consult with the individual’s representative. In some cases you may be able to seek further clarification from a person who knows the individual well, for example the individual’s advocate. Discussing this with someone else may help. You must always check before doing so with your manager as this information is personal to the individual and is therefore protected data.
- Record your findings in relation to the actions you took to establish consent with an individual and the actions you took when you were unable to establish consent with the individual. Include what happened, what the individual said/expressed, the guidance you were given, by whom and when.

If, after trying all these options consent can still not be established with an individual then it may be that you are unable to do anything. However, this will depend on a number of things, such as the individual’s capacity and whether refusal means their health will be in danger. Advice may need to be sought by your manager from external agencies, such as the Courts, who can provide legal

clarification, and **Professional Councils** who can provide additional support.



Key terms

Professional Councils are organisations that regulate professions, such as adult social care workers who work with adults in residential care homes, in day centres and who provide care in someone's home. They can provide advice and support around working with individuals who lack capacity to make decisions.



Case study

3.1, 3.2, 3.3 The Cheshire West case

Mr P, a 39-year-old man with cerebral palsy and Down's syndrome, lacked the capacity to make decisions about his own care. He was living at home with his mother but when his health deteriorated, Cheshire West and Chester Council placed him in the care of the local authority. Mr P's mother successfully argued that her son's care should be regularly reviewed to ensure that he was not being deprived of his liberty, because once placed in care he was under constant supervision and was not free to leave. The outcome of the case was that Mr P would have regular independent care reviews to ensure that the care provided was appropriate and met his needs.

Discuss:

- 1** 'A gilded cage is still a cage.' What does this phrase mean? Reflect on how this is relevant to individuals who lack the capacity to make decisions.
- 2** How can independent care reviews mean that individuals who lack capacity have their human rights upheld?
- 3** What do you think of individuals who lack mental capacity being equated to birds trapped in cages?
- 4** Why is this example related to The Deprivation of Liberty Safeguards (DoLS)?

You can find out more about DoLS here: www.scie.org.uk/mca/dols/at-a-glance

Evidence opportunity

3.3 Steps to take when consent cannot be established

Think about an occasion when you or someone you work with found it difficult to establish consent with an individual. What happened and why was it difficult?

Produce a step-by-step diagram that shows the steps you or your work colleague could take if this situation arose again. Remember to explain the reasons why each step is necessary and how these are in line with your employer's agreed ways of working.

LO4 Be able to implement and promote active participation

Think about an occasion when you were tasked with an activity to complete. How did this make you feel? How involved were you in the task? Did anyone else support you with it? If so, how? Now imagine being tasked with the same activity but not being allowed to be fully involved in completing it. How do you think this would make you feel? Why? What do you think are the benefits for individuals who are fully involved in all aspects of their lives?

AC 4.1 Describe different ways of applying active participation to meet individual needs



Key terms

Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Benefits of active participation

Active participation is a person-centred way of working that can lead to person-centred care and support. This is because it recognises:

- **an individual's rights:** to participate in activities fully and to maintain relationships in everyday life as independently as possible
- **an individual's abilities:** to be an active partner who is involved in their own care or support rather than a passive recipient who is not involved and on the receiving end of care or support
- **an individual's potential:** to be in control over their care or support and influence how their care or support needs are met.

Active participation means supporting individuals to live their lives as independently as possible.

This does not mean doing things for them but instead helping them to do things for themselves as much as possible. This might mean enabling them to go out shopping on their own or taking part in a social group.

There are many benefits of active participation for individuals who have care or support needs. Some of the main ones are included in [Figure 9.4](#). Can you think of any others?

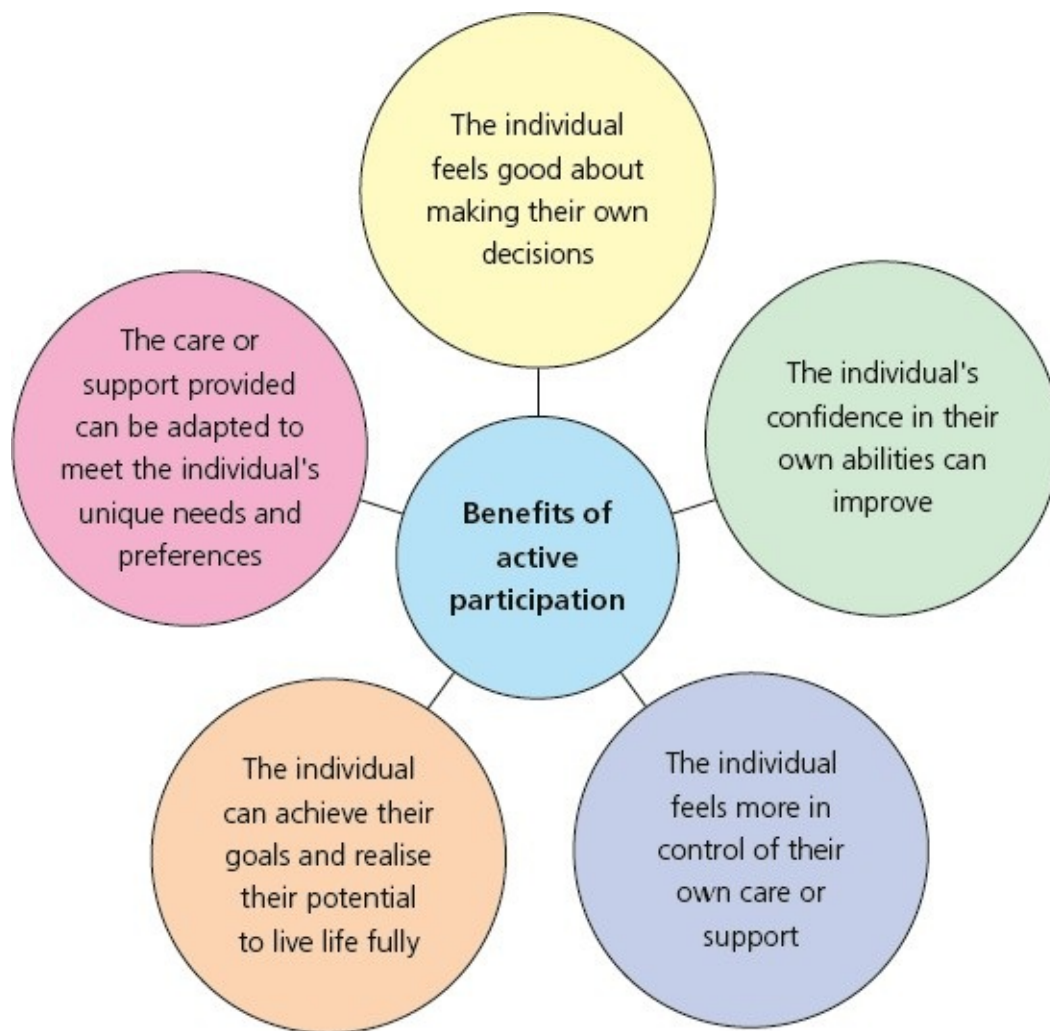


Figure 9.4 The benefits of active participation



Reflect on it

4.1 The benefits of active participation

Reflect on the benefits of active participation identified in [Figure 9.4](#). Now think about the difference each of these benefits would make to your life.

- What impact could it have if you feel good about making your own decisions?
- How can an increase in confidence benefit you?
- Why is being in control of your life important?
- Why is it important that your unique needs and preferences are taken into account and understood?

Barriers to active participation

There may be occasions when it is difficult to encourage active participation, such as a new adult care worker may lack the knowledge or skills, have not received training or does not feel they have sufficient time; or perhaps individuals don't understand how active participation can benefit them.

Applying active participation

You have already taken the first step towards being able to apply active participation to meet individuals' needs by learning about the different barriers that can exist for individuals who have care and support needs and by raising your awareness of what these are and how they can vary for different individuals and care settings. You are now therefore ready to take the next step towards applying active participation – finding out about the different approaches that can be used to reduce these barriers:

- **Keep your knowledge and skills about best practice up-to-date when applying active participation:** this enables you, as a Lead Adult Care Worker or Lead Personal Assistant, to ensure that your working practices and approaches are effective. Maintaining your knowledge and skills through continuous professional development activities, such as training, reading articles and working with experienced colleagues can be crucial for encouraging positive ways to encourage individuals' active participation.
- **Spend time getting to know the individual:** this enables you, as a Lead Adult Care Worker or Lead Personal Assistant, to build up a good working relationship with the individual that can be crucial for applying active participation. You will get to know their needs and preferences which means that you can take these into account when encouraging them to become more involved. For example, if you know that an individual does not like noisy environments then you could make arrangements to discuss their care or support in a quiet area where the individual will feel relaxed and you will not be disturbed. At the same time, the individual will get to know you which means that they will feel valued by you and respected therefore making them more likely to trust you and want to get involved in their own care or support.
- **Access sources of information, support and guidance:** this enables you, as a Lead Adult Care Worker or Lead Personal Assistant, to increase the opportunities made available to an individual to actively participate. Your manager can be one such source of information and guidance, for example they can ensure that you are aware of different ways of supporting individuals' choices about their care or support as well as your responsibilities for doing so.

The individual's representative, such as their advocate or a family member can also act as a good support for ensuring the individual understands the information you are providing, including their options. In addition, involving others can ensure that the individual's rights and preferences are being supported and continue to be the main focus of all care or support provided.



Figure 9.5 How can you make sure I'm fully involved?



Research it

4.1 Best practice for applying active participation

Research examples of best practice when applying active participation to meet individual needs. Useful sources of information for carrying out your research could include the care setting where you work, care settings you know about in your local area, newspapers, television and the internet.

Produce an information handout with your findings.

Evidence opportunity

4.1 Applying active participation to meet individual needs

Develop a case study of an individual who has care or support needs that includes details of their individual needs and the barriers that may affect

this individual in actively participating in their own care or support.

Describe different ways of applying active participation to meet this individual's needs. Remember to include anything that may help or hinder this individual's active participation in their own care or support. For example, this may be in relation to the care setting or to those who work with the individual. How is this a help or hindrance? You may want to think about the role other health professionals can play too.

Remember that you cannot include the care plan or individuals' personal details in your portfolio.

AC 4.2 Work with an individual and others to agree how active participation will be implemented

As you have learned, in order for you to apply active participation successfully you must be able to work closely with individuals and others; you will be observed doing so for this AC.

Working with an individual and others

Working with others is more than just working alongside them. It involves being committed to:

- **sharing a common set of values:** for example, to support individuals' independence, to safeguard individuals from harm and to respect individuals' unique differences
- **agreeing goals:** for example, to enable positive outcomes for individuals, goals may be agreed both over short and long periods of time
- **communicating effectively:** for example, communications must be open and honest, timely and regular both with individuals and others, this includes verbal and written communications. You may find it useful to refer to [Unit 303](#) Promote communication in care settings.

Working with others brings many benefits for you, the individuals who require care or support, and others:

- To improve and develop your understanding of different ways of working and best practice
- To encourage a strong team
- To pool resources
- To provide person-centred care.

Agreeing how active participation will be implemented

Working closely with an individual and others involves making decisions together about how active participation will be implemented. This is important if you are to ensure that your care and support is of a high quality and if the individual is to feel good about themselves and experience a sense of achievement. Agreeing how active participation will be implemented also involves taking a step back to think about what how the individual's independence can be promoted so that they are encouraged to do as much for themselves as possible. You will also need to show your respect for others'

opinions even when you don't agree with them, be able to communicate clearly and listen attentively. It involves providing individuals with active support, in other words a step-by-step guide of how to achieve a task while ensuring they do what they can themselves and are supported with the areas that they need support with.

An example of how you can work closely with an individual and others to enable the individual to retain their independence as much as possible might be:

You accompany an individual with a learning disability to go food shopping and support them to choose what they would like to eat. You could do this by preparing a list of their favourite foods beforehand with them, then support them to reference the list they have made while shopping rather than you do it for them. You could also suggest that the individual's sister who accompanies her brother when he goes shopping comes along and observes.



Reflect on it

4.2 Skills for implementing active participation

Reflect on the skills you require to be able to work with an individual and others to agree how active participation will be implemented. Perhaps you could think about the communication skills you require and how you could show your empathy and understanding.

What are your strengths? What skills could you further develop or improve? How? You will find it useful to refer to [Unit 303](#) Promote communication in care settings.

Evidence opportunity

4.2 Work with individuals and others to agree how active participation will be implemented

You will be observed working with individuals and others to agree how active participation will be implemented so ensure that you arrange for your assessor to do this or your manager can provide a witness testimony.

With your assessor, discuss an occasion when you worked with an individual and others from your care setting to agree how active participation would be implemented. What skills did you show when

working with the individual and others? Why were these skills important? You may find it useful to review your previous learning in [Unit 202](#) Responsibilities of a care worker in relation to working in partnership with others.

In this way, the individual will develop their skills in this area and will feel a sense of achievement that they have done this for themselves. The individual's sister will also increase her understanding of how to promote her brother's independence, she may also have questions and/or concerns about supporting the individual, so working in this way will provide both of you with an opportunity to get to know each other better and develop a good working relationship.

AC 4.3 Demonstrate how active participation can address the holistic needs of an individual



Key terms

Holistic in this context refers to treating individuals as a whole person, i.e. considering all of their needs, such as physical, emotional, spiritual, etc.

One of the most important benefits of active participation involves focusing on the individual as a unique and whole person; it involves recognising that an individual's needs will involve looking at all aspects of their personhood and their life, in other words their '**holistic** needs'.

Active participation can address the holistic needs of an individual because it involves:

- **Getting to know the individual as a whole person:** this includes finding out about their history, preferences, needs and wishes. This is essential for ensuring that their care or support reflects their likes and dislikes as well as being respectful of their culture and/or beliefs. You will find it useful to refer to [AC 2.1](#) in relation to getting to know an individual, as well as [Unit 306](#) Promote equality and inclusion in care settings in relation to taking into account an individual's culture and beliefs.
- **Assessing the influences on an individual's life:** this includes finding out about all those involved in the individual's life such as their family, friends and other professionals and how they influence the individual and ultimately their care and support. For example, an individual who has a supportive partner living with them may have sufficient emotional support but may require more practical help with household tasks to reduce their dependency on their partner and enable them to improve their emotional well-being (a concept you will learn more about in [AC 6.1](#)). On the other hand, an individual who lives on their own may have developed effective ways of managing household tasks by themselves but requires emotional support as they do not have anyone they can confide in or talk things through with. In both these examples individuals' physical and emotional well-being influence different aspects of their lives and impact on their holistic needs.
- **Working closely with the individual:** As you have learned in [AC 4.2](#), active participation is not something that is done in isolation, it is achieved by

working closely not only with the individual but also with others involved in their lives and with their care or support. This is essential for ensuring that the individual remains in control of their care or support and that they are treated respectfully and as a whole person with their holistic needs taken into consideration. You will find it useful to review your learning in [AC 4.1](#) in relation to getting to know an individual as well as referring to [Unit 202](#) Responsibilities of a care worker in relation to working in partnership with others.

Evidence opportunity

4.3 How active participation can address the holistic needs of an individual

Carry out an activity with an individual that requires your support. Show how active participation can address the holistic needs of the individual. Ask your assessor to observe you carrying out this activity and to provide you with feedback afterwards.

AC 4.4 Demonstrate ways to promote understanding and use of active participation

Active participation, although beneficial and an essential part of high quality care and support, can be difficult for individuals and others to understand and use because everyone views active participation differently:

- **Individuals:** some individuals may have only experienced dependency on others and may not be used to doing things for themselves, so active participation may be something they find frightening or not believe it is right for them. For example, an individual with a physical disability may have lived at home with their parents all their life and will therefore not have experienced living on their own. They may also have had everything done for them by well-meaning parents – this may have even included arranging their day-to-day activities. An individual in this situation will not be used to making their own choices but may instead depend on others to do so.
- **Individuals' families:** some individuals' families may be very protective over the individual, particularly if they have care or support needs because they are aware of their vulnerability and do not want any harm to come to them. For example, an individual with a learning disability may have a very supportive family, but who only allow the individual to socialise with them and not with their friends because they feel that in this way they can safeguard the individual from the risk of being harmed or abused by others. An individual's family in this situation will find it difficult to promote the use of active participation because they believe that their relative does not have the capacity to do so and may come to significant harm.
- **Your colleagues:** some of your colleagues may be new to working in the adult care sector, others may be experienced but have become used to working in ways that are not in line with current best practice, others may not have had in-depth training around dementia care, for example. Perhaps an individual with dementia may have started to become restless at night and your colleagues think that rather than find out what this change in the individual's behaviour means, it is better to prevent the individual from leaving their room at night or accompany the individual back to their room every time they leave. Your colleagues in this situation may not understand why it is important to find out the meaning behind the individual's behaviour and they may not understand how the use of active participation can be relevant and beneficial to an individual with dementia.

- **Other team members:** some of your team members such as other professionals who may come from different backgrounds and have different areas of expertise may not think that they need to understand and use active participation because they perceive this as being your responsibility and that of your colleagues rather than theirs. For example, an older individual may want to learn a new skill such as painting at college. The tutor may believe that their role is to teach the individual to paint and that if they require additional support that you and your colleagues will provide this rather than them. Your role would be to encourage the individual to do as much for themselves when taking part in the painting activity. Team members in this situation may not understand why it is important for them to use active participation and how this can address the individual's holistic needs (you learned about how active participation can address the holistic needs of an individual in [AC 4.3](#)).

Ways to promote understanding and use of active participation

There are many different ways to promote understanding and use of active participation when working with individuals and others and [Figure 9.6](#) provides some examples of some of the main ones. Can you think of any others? You may also find it useful to review [ACs 4.1](#), [4.2](#) and [4.3](#). You will be observed for this AC.



Reflect on it

4.4 Active participation and others

Reflect on each of the examples you've just read about how individuals, individuals' families, your colleagues and other team members may not understand active participation and its use. How do you think this will impact on the individual, the quality of the care or support provided, and those you work with?

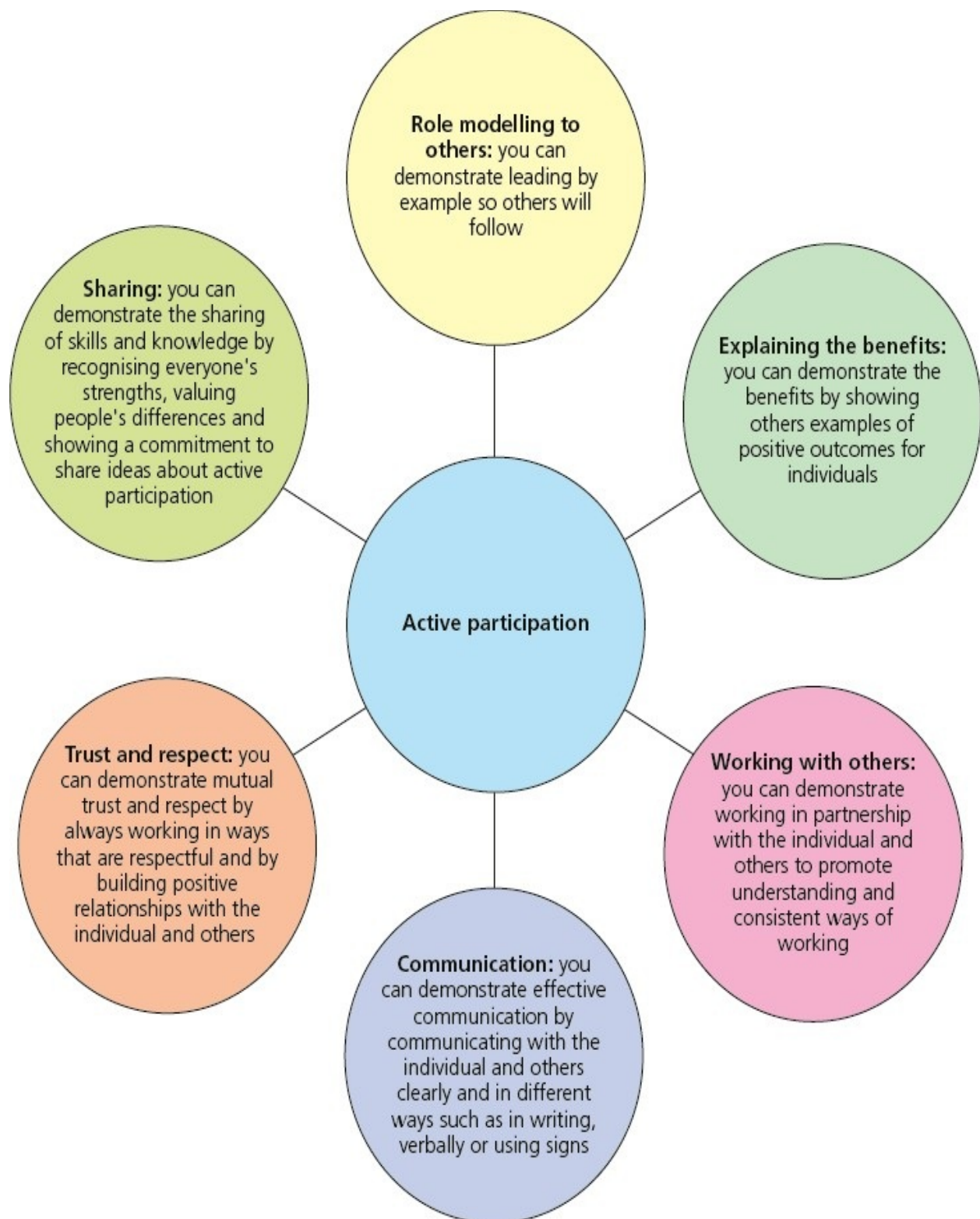


Figure 9.6 Ways to promote understanding and use of active participation

Evidence opportunity

4.4 Ways to promote understanding and use of active participation

Work with an individual and a colleague to promote understanding and use of active participation. What skills and knowledge can you demonstrate that you have? How? Why are these essential for providing high quality care and support? Make sure your assessor observes you or obtain a witness testimony from your manager.

LO5 Be able to support the individual's right to make choices

Getting started

Think about a time when you helped someone to make a choice or a decision. Did they come to you specifically? What advice and information did you offer to help them make their choice?

AC 5.1 Support an individual to make informed choices

Supporting individuals' rights is crucial to working in a person-centred way because it involves supporting individuals to make choices that they:

- understand
- have been fully involved in
- are in control of.

In other words, person-centred practice involves supporting individuals' rights to make informed choices.



Figure 9.7 How do you support individuals to speak up?

Dos and don'ts for supporting individuals to make informed choices	
Do	Find out how an individual makes their own choices – to ensure that you are providing support to individuals in ways that have been agreed and that match their strengths, abilities and preferences.
Do	Ensure all information presented to individuals is understood – to ensure that individuals can then use this information to consider and choose from different options that are available to them and understand the barriers and risks.
Do	Ensure individuals and/or their representatives or advocates are involved – to ensure that individuals and their representatives put forward the individual's views, ideas and preferences.
Do	Keep records of all options available and agreed upon – to ensure that these can be shared with everyone involved and referred to when required.
Don't	Make decisions for individuals – this does not support an individual's rights to make their own choices.
Don't	Present information in a misleading way – this does not enable individuals to make informed choices.
Don't	Ignore individuals and others who know them well – this does not enable you to take into account their personal views, ideas and preferences.
Don't	Only agree options verbally – this does not enable information to be shared accurately and reviewed with all those involved if clear records are not kept.



Research it

5.1 Informed choices and best practice

Research best practice when supporting individuals to make informed choices. You can conduct your research either in the care setting where you work or in another care setting that you know about.

You could also speak to other team members and ask them about the practices they follow when supporting individuals to make informed choices. You could ask them questions such as: 'What type of care setting do you work in?'; 'What care or support needs do the individuals you work with have?'; 'What ways do you find work best when supporting individuals to make informed choices?'



Reflect on it

5.1 Capacity to make informed decisions

Imagine you had an accident, were experiencing temporary confusion and needed support to make informed choices in relation to day-to-day living. How would you feel if you didn't get the support you needed? What impact might this have on how you live your life?

Evidence opportunity

5.1 Supporting individuals to make informed choices

Identify an activity with which you can support an individual who has care or support needs. For example, putting their shoes on, brushing their teeth, making a shopping list or deciding how to spend the evening.

Think about how you would support the individual with this activity. Ensure you show how you support the individual to make their own informed choices. Your assessor could observe you supporting the individual directly, or you could get a witness testimony from your manager.

AC 5.2 Use own role and authority to support the individual's right to make choices

You have a very important part to play in supporting the individual's right to make choices. In your role as Lead Adult Care Worker or Lead Personal Assistant you will be able to do this by:



You will need to ensure that you use your own role and authority in a compassionate way to support the individual's right to make their own choices. For example, you can show your compassion by putting the individual first, before your own views and needs.

When an individual makes a choice that you disagree with, how can you show that you have encouraged them to make an informed choice? How can you show you have taken their views seriously? How can you demonstrate that you have not let your views influence their choice?

- **Role modelling:** this involves you supporting the individual's right to make choices as part of your day-to-day activities. In this way, the individual will experience how this benefits them and will be more likely to work with you to be an active participant. Others, such as your colleagues and individuals' families and friends, will observe you applying active participation and therefore be more likely to do this themselves too.
- **Providing information:** this involves you informing the individual and others about your duty of care to support the individual's right to make choices. This may involve you guiding your colleagues on a day-to-day basis or providing them with training. Your role may also involve providing individuals with information in a format they can understand by, for example, meeting with them on a one-to-one basis or by arranging a group discussion. This will provide individuals with the information they need to make their own choices and the reasons why this is important.
- **Providing support:** this involves you supporting individuals both directly and indirectly to exercise their rights to make their own choices. For example, you may be involved in actively supporting an individual to choose what activities they would like to participate in or the type of support they would like, and

when and how often they want to receive it. You may be involved in speaking up for an individual who is unable to speak up for themselves when making their own choices because the individual lacks capacity (you may find it useful to review your learning of this concept in [AC 3.1](#)).



6Cs

Courage

Courage is speaking up for an individual if they are at risk – this is an important responsibility that all Lead Adult Care Workers and Lead Personal Assistants have.



Reflect on it

5.2 Skills for supporting individuals to make informed choices

Reflect on the skills and qualities you have as a leader that help you in supporting individuals to make informed choices. Why are these important? How do they influence the care and support you provide?

Evidence opportunity

5.2 Using your role and authority to support individuals' right to make choices

Show your assessor how you use your role and authority to support the individual's right to make choices.

Being in a lead role means not only that you can encourage individuals to be the lead participants in their care and support but that you can also lead the way for others to follow you in providing high quality care and support.

AC 5.3 Manage risk in a way that maintains the individual's right to make choices

Taking **risks** is part of making choices in everyday life for all of us; not doing so would act as a barrier to us achieving what we want to do. Similarly, when Lead Adult Care Workers and Lead Personal Assistants support the right of individuals to make choices about activities they want to do this too may involve individuals taking risks. This doesn't mean that individuals will be placed in danger, be harmed or abused or be persuaded to not take risks – but rather that they will be supported to understand what the **hazards** and risks are and how these can be managed.

Assessing what the risks are and their impact is crucial when supporting individuals' right to make choices because it involves a careful balance between supporting the rights of individuals to make their own choices while maintaining their safety and thinking about protective factors that can be put in place to ensure safety. A thorough **risk assessment** is not only a useful tool to use for this, it is also a legal requirement for maintaining individuals' safety while they do the activities that they enjoy.



Research it

5.3 Risk management

Research what The Management of Health and Safety at Work Regulations 1999 say about managing risks and risk assessment. You will find the link below useful:

www.legislation.gov.uk/ukxi/1999/3242/contents/made

Produce an information leaflet with your findings.



Key terms

Hazards are dangers with the potential to cause harm, for example a spillage on the floor or a broken wheelchair.

Risk is the likelihood of hazards causing harm, for example slipping over

on the spillage on the floor, an individual falling out of a broken wheelchair.

Risk assessment is a process used in work settings for identifying hazards, assessing the level of risk and putting in place processes for reducing the risk identified. In this unit, risk assessment and management are used to support individuals to make informed choices, so that they are aware of the risks involved. It is not to stop people from making their own choices, but to help them to manage and reduce the risks involved. See [Unit 302](#) Promote health, safety and well-being in care settings for more information on the risk assessment process.

Go to Unit 302 Promote health, safety and well-being in care settings, [AC 2.4](#) for information on the risk assessment process.

Positive risk taking

Positive risk taking in relation to person-centred care involves weighing up the benefits and drawbacks to the individual of taking the risk. The greater the potential benefits to the individual, the more important it is to try and find a way of managing the risk safely while being able to support the individual to take the risk.

The reflective exemplar provides you with an opportunity to explore in more detail how Lead Personal Assistants use risk assessments as part of working in a person-centred way.

Reflective exemplar	
Introduction	I work as a Lead Personal Assistant providing support to Sean who is 36 years old and uses a wheelchair to mobilise. Sean has panic attacks when he leaves his house and so my role is to support him to manage his panic attacks so that he can visit his local shops independently. I visit him on a weekly basis.
What happened?	This morning I supported Sean to prepare a route that he could use to go to his local shops that are approximately ten minutes away from his house. While looking together on the internet, on Google maps, at the roads we could walk down together Sean began to get very concerned that he may get into difficulties and not be able to return home safely. We discussed Sean's concerns together over a cup of tea. Sean began by saying that he may fall out of his wheelchair when travelling over the uneven pavements; we agreed that with me by his side supporting him and with his lap belt done up this was a low risk. Sean then added that he was afraid that he may have his money stolen again like the last time he went out on his own. I explained to Sean that I would be with him and so this again was a low risk. Finally, Sean had concerns over whether he was able enough to do his own shopping; again, I explained that he had already prepared a shopping list and that with my support he would manage fine. After much discussion, Sean apologised to me but said that he wasn't ready to leave the house yet and said that he might try again next week when I visited him.
What worked well?	I think identifying the potential hazards that Sean had concerns over was a good first step towards carrying out a risk assessment and reassuring Sean that he could overcome his fears of leaving the house.
What did not go as well?	Having identified the hazards and partly evaluated the level of risk, I think we should have discussed together what could be put in place to control or reduce the level of risk identified. This is part of the risk assessment process but I think it would also have reassured Sean more fully over the concerns he had and he would have felt safer. He may have refused to go out because he may have thought I didn't take his concerns seriously.
What could I do to improve?	I think I'm going to review my learning around the five key steps involved in the risk assessment process and see if I can arrange to attend an update on using risk assessment.
Links to unit assessment criteria	ACs: 1.3, 5.2, 5.3

Evidence opportunity

5.3 Risk assessment and choices

For [AC 5.3](#), you will need to show your assessor how you manage risk in a way that maintains the individual's right to make choices.

Develop a risk assessment for an individual for an activity that they enjoy doing. Remember to go through each of the five steps (see [Figure 4.2](#)) and maintain the individual's right to make choices. Discuss your risk assessment with your assessor. Be prepared to show them the risk assessment process you carried out and the reasons why.

AC 5.4 Describe how to support an individual to question or challenge decisions concerning them that are made by others

Making your own choices in everyday life will occasionally involve coming into conflict with others who disagree with the decisions you make or who you may want to question or challenge. For example, in relation to starting a new career, going to university or learning to drive. Doing so requires effective support from others who you trust and who know you well, such as family and friends.



Reflect on it

5.4 Questioning or challenging decisions

Reflect on an occasion when you questioned or challenged a decision made by someone else about you. What happened? How did you feel? Would you do anything differently next time?

Similarly, individuals who have care or support needs may disagree with decisions made about them by others, such as by their GP, social worker or a family member and it is their right to be able to question or challenge any decisions made about them. Individuals may find this difficult to do because of:

- **their needs:** a learning difficulty may mean that the individual finds it difficult to communicate their views to others
- **their relationships:** an individual may feel they are being unkind if they disagree with a decision made by their parent or anxious if they disagree with a decision made by the Lead Adult Care Worker or Lead Personal Assistant providing them with care or support in case they withdraw the care or support they are providing
- **their support network:** an individual may feel isolated or not have anyone that they feel they can turn to when they want to question or challenge decisions about them made by others; they also may hold the view that others, such as adult care professionals, know best.

It is important that you are aware of the barriers that may prevent or deter individuals from questioning or challenging decisions made about them so that you can support them effectively. Here are some ideas for how you can do so:

- **Encourage good communication:** for example, you should enable the individual to feel relaxed and trust you so that they feel free to share their concerns. You can also encourage the individual to ask questions and share their views with you. You will need to be patient and be prepared to listen carefully, giving individuals the time they need to communicate their concerns. You should ensure that they have all the information they need so they are aware of how they can challenge any decisions made about them, for example information about the complaints procedure.
- **Seek guidance:** speaking to your manager or supervisor can be useful as they can provide additional support to both you and the individual.
- **Support the individual to ask for a second opinion:** either themselves or by you asking for a second opinion and speaking on the individual's behalf.
- **Support the individual to access support:** from other people who have been in similar situations so that they can support each other.
- **Support the individual to make a complaint:** support the individual to access the complaints procedure, understand and use it. It may be that the individual has made a complaint or challenged a decision in the past and this has not been dealt with well. This could deter the individual from challenging decisions and so it is important to reassure them that support is available and that their complaint will be dealt with respectfully.



6Cs

Communication

How can you build a positive working relationship with the individuals you provide care or support to? Communicating effectively with individuals is crucial for ensuring that they feel relaxed, can trust you and share with you how they are feeling. This is important when you are supporting individuals to challenge any decisions made about them, especially if they feel reluctant to do so.



Research it

5.4 Support groups

Research the support groups that are available in your local area for

supporting individuals with mental health needs to speak up for themselves. Your own knowledge of the local area may come in handy here, and the internet is a good source of information. Discuss your findings with your assessor.

Evidence opportunity

5.4 Supporting individuals to question or challenge decisions

Find the complaints procedure for the care setting where you work.

Describe how you can use this to support an individual with care or support needs to question or challenge a decision made about them. Write this down, or write a general account of how you support individuals to question or challenge decisions.

LO6 Be able to promote individuals' well-being

Getting started

How would you describe yourself? What are your 'positives'? For example, your personality, kind nature or sense of humour? How would others describe you? What do they say are your positives? Do you agree with what others say about you? Why? How can what others say about you impact on how good you feel about yourself? Can you think of an example when this happened?

As well as what others say about you, what other things affect how you feel about yourself? For example, how can your physical health affect how you feel emotionally? How can your emotional health affect your physical health? For example, if you feel unwell does this make you feel more positive or negative? Why?

AC 6.1 Explain the links between identity, self-image and self-esteem

There are three aspects that make up who you are: your identity, self-image and self-esteem.

Identity

Your individual identity is personal to you and includes the different aspects that make you unique – your background, your values, your personality, your qualities, your wishes, your views.

We build up our own personal identity through our experiences in life, through both childhood and adulthood. The types of experiences we have will affect what we think about ourselves. For example, if as children we experienced making friends at school as something enjoyable, this will in turn mean that we feel good about ourselves when meeting new people and making new friends. Making new friends will mean that we have others to share our lives and experiences with; this will make us feel more confident about ourselves and means we will have a positive view about ourselves: that we are liked by others, that we are needed by others and are part of others' lives. Our friends reflect back to us who we are and it is through others, such as our friends, that we develop high self-esteem.



Reflect on it

6.1 Self-esteem

Reflect on an occasion when someone praised you for something you had done well. How did this make you feel about yourself? How did this make you feel towards this person?

Now reflect on an occasion when someone devalued you. How did this make you feel about yourself? How did this make you feel towards others?

Self-image

Your self-image is how you see yourself–this will depend on how you value yourself – whether you see yourself positively or negatively.

Self-esteem

Your self-esteem is what you think and feel about yourself, this will very much depend on how you value yourself as well as how others close to you think and feel about you too. When others hold in high regard and praise you, it is likely that you will feel the same about yourself too. When others devalue you however, you are not likely to feel very positive about yourself or your abilities.

Your identity, self-image and self-esteem are all inter-related and one can affect the others:

- A strong sense of identity (who you are) can promote a high self-esteem (how you feel about yourself) and a high self-esteem can make you value yourself and feel good about who you are and therefore enhance a positive view of yourself (self-image).
- Not knowing or being unsure about your own identity (who you are) can lead to low self-esteem (how you feel about yourself) which can in turn make you feel unworthy and have a negative view of yourself (self-image).

Evidence opportunity

6.1 Links between identity, self-image and self-esteem

Describe yourself to someone who knows you well. Think about your background, your culture and beliefs, what you look like, what your personality is, your likes and dislikes.

Then discuss how your identity, self-image and your self-esteem affect who you are with your assessor. How are these linked? Provide a written account.

AC 6.2 Analyse factors that contribute to the well-being of individuals

Your **well-being** refers to your health and whether you feel in good health and happy overall in yourself. Your health not only refers to how you are physically, for example being pain-free but also to other aspects of your health, such as your mental health (your attitude to life), emotional health (how you feel about life), social health (the relationships you have), cultural health (your sense of belonging to a group that shares your beliefs), spiritual health (your human spirit), intellectual health (your thought processes) and economic health (your finances or housing situation).



Key terms

Well-being is a concept that refers to different aspects of an individual's good health, such as, your physical, mental, emotional, social, cultural, spiritual, intellectual and economic health.



Research it

6.2 Care Act 2014

Research what the Care Act 2014 says about what is understood by 'well-being' in relation to adult social care. You may find the link below useful:

www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/how-is-wellbeing-understood.asp

Now write down your own definition of well-being.

[Table 9.3](#) provides information about the different factors that can contribute to the well-being of individuals.

Table 9.3 Factors and how they contribute to the well-being of individuals

Factor	How it can contribute to the well-being of individuals
Physical health	Good physical health means that individuals can live their lives comfortably, free from pain and distress which will contribute to their well-being. Poor physical health will impact negatively on an individual because they may not be able to do the activities they want to do as they may be in pain or distress. You can support individuals to maintain their physical health by encouraging them to mobilise, take part in activities, eat a balanced diet and live a healthy lifestyle.
Mental health	Good mental health means that individuals will feel positively towards themselves and others thus enhancing positive feelings of self-worth and therefore of well-being. Mental ill health can result in individuals not being able to manage with daily activities and feeling unworthy and helpless. You can support individuals to maintain their mental health by talking about any anxieties or worries they have and supporting them to seek additional help when they feel unable to manage, this may include from counselling services or their GP.
Emotional health	Good emotional health means that individuals will have a positive outlook on life and will feel good about their life, themselves and others. Poor emotional health can result in individuals feeling that the world around them is a frightening place, somewhere where they are not welcomed and will not be able to live in. This might be because of psychological illness or issues that have affected them in everyday life that have caused them stress. You can support individuals to maintain their emotional health by promoting positive ways of working and approaches to handling different situations that may arise in the individual's life.

Factor	How it can contribute to the well-being of individuals
Social health	Good social health means that individuals have positive relationships with others which means that others will reflect back to them positive feelings and images of themselves. Poor social health may result in individuals having destructive or unhelpful relationships with others that may in turn lead to their isolation and withdrawal from daily activities. You can support individuals to promote their social health by providing them with opportunities and different experiences of activities where they can meet other people as well as by encouraging them to maintain their current positive relationships with, for example, their families, friends and others.
Cultural health	Good cultural health means that individuals have a sense of belonging to a group of people who share the same or similar beliefs and values to them, that in turn creates a sense of contentment and happiness. Poor cultural health may mean that individuals feel excluded from society, that no one understands them, this may make them feel isolated and unworthy. You can support individuals to promote their cultural health by asking them about who they are, their background, history, beliefs and preferences and by ensuring you and others take these into account through the provision of their care and support.
Spiritual health	Good spiritual health means that individuals have a sense of a human spirit that makes them feel that they have a purpose and a reason to live. Poor spiritual health may mean that individuals are frightened of the world around them or may not be able to understand themselves and others. You can support individuals to maintain good spiritual health by supporting them to reflect on who they are, what makes them unique and what they like about themselves as well as what their motivation and goals are in life.
Intellectual health	Good intellectual health means that individuals have rational, logical and clear thought processes that enhance their well-being. Poor intellectual health may mean that an individual's thought processes become disrupted and individuals may become more dependent on others, thus losing their own resilience and sense of fulfilment. You can support individuals to maintain good intellectual health by not doing things for them and by encouraging them to do things for themselves, as well as ensuring that they are mentally stimulated with activities that will enable them to exercise their intellectual health.
Economic health	Good economic health results when individuals' finances, including their housing situation is satisfactory for them to be content. Poor economic health may result in individuals not being able to meet their day-to-day needs because they have insufficient income or poor housing that is, for example, not heated or damp. You can support individuals to maintain good economic health by supporting them to access additional support through housing services or the benefits agency, for example. You could also encourage individuals to think about the ways they can improve their own situation.

Evidence opportunity

6.2 Factors that contribute to well-being

Analyse factors that contribute to the well-being of individuals with your assessor. How do these vary with the factors that contribute to the well-being of two individuals you work with? Provide a written account. You could ask what impacts there are on an individual's well-being, for example how much does an individual's physical health impact on their emotional health? Why? Are there some factors that have more or less of a negative impact than others?

AC 6.3 Support an individual in a way that promotes their sense of identity, self-image and self-esteem

For this assessment criterion you will be observed demonstrating how to support an individual in a way that promotes a sense of identity, self-image and self-esteem.

You are an integral part of an individual's well-being because the way you think, behave and practise in your work role when providing care or support will affect an individual's identity, self-image, self-esteem and overall health.

Your thoughts and behaviours (i.e. your attitudes) must be positive and promote an individual's well-being because doing so will mean that the individual will:

- feel valued
- feel respected
- build a good working relationship with you
- trust you.

Positive attitudes include being:

- kind
- caring
- considerate
- respectful.

Your approaches refer to the way you work and the skills you demonstrate when providing care or support. You need to ensure that you can demonstrate good working approaches that promote an individual's well-being by promoting their sense of identity, self-image and self-esteem. You may want to review your learning from [Table 9.3](#) in AC 6.2.

Your responsibilities as an adult care worker also include providing support to an individual that promotes their sense of identity, self-image and self-esteem. You may find it useful to recap on the meanings of these two concepts that we explored earlier on in 6.1.

You can support an individual in a way that promotes their sense of identity, self-image and self-esteem by:



Research it

6.3 Approaches that promote the well-being of individuals

Research the approaches that are used in the care setting where you work to promote individuals' well-being.

Produce a staff handout with your findings.

Evidence opportunity

6.3 Promoting identity, self-image and self-esteem

Show how you provide support with one aspect of an individual's life who has care or support needs. For example, this may be in relation to going out, communicating with others or completing household tasks.

Ensure that you show how you promote the individual's sense of identity, self-image and self-esteem. This can be observed directly by your assessor, or through witness testimony by your manager.

- **Spending time getting to know who they are as a person:** for example, their needs, values and preferences. This will show the individual that you are taking a genuine interest in them.
- **Supporting the individual to share their history:** for example, their culture, background and beliefs and any practices relating to these, for example nutrition, religion and dress. Doing so means that you will be reflecting back to the individual who they are and why they should feel proud of who they are. By taking the time to find out and record this information, it also shows that you respect who they are and are interested in finding out about them so as to provide the best possible care.
- **Interacting with the individual positively:** for example, using positive language when speaking, using open body language when interacting, reinforcing good ideas, giving praise, supporting the individual to take risks, make mistakes and learn from them, and promoting the individual's rights, for example to dignity, privacy and independence.

AC 6.4 Demonstrate ways to contribute to an environment that promotes well-being

For this assessment criterion you will be observed demonstrating how to support an individual in a way that promotes well-being.

Supporting individuals' well-being is also dependent on ensuring that the environment around them also promotes their well-being. This includes the following.

- **Physical environment:** rooms in a care setting, layout in a health service, such as a GP surgery, access to the garden, the individual's personal belongings
- **Social environment:** the atmosphere in a care setting or service, the quality of the working relationships in a service.



Reflect on it

6.4 Physical and social environments

Reflect on the differences there are between the physical and social environment. Reflect on the aspects that are important to you in terms of physical and social environments and the reasons why.

How can you ensure that the physical environment promotes an individual's well-being?

- **Furniture and furnishings:** ensuring furniture and furnishings are clean and attractive can make individuals feel good. Ensuring that furniture is maintained and not broken can promote individuals' safety and therefore well-being.
- **Personal belongings:** ensuring individuals' personal belongings are placed in individuals' rooms and other areas in a care setting will make individuals feel at home and will help to promote a sense of well-being.
- **Temperature:** ensuring rooms and environments are not too hot or too cold; both have the potential to make individuals feel uncomfortable. Checking with individuals if the temperature is comfortable will make them feel comfortable and promote their well-being.

How can you ensure that the social environment promotes an individual's well-being?

- **Items and pictures:** ensuring rooms contain items and pictures that are representative of individuals' diverse backgrounds (for example, in relation to their ages, genders and cultures) will ensure that individuals feel a sense of belonging and therefore can promote well-being.
- **Management of a care setting or service:** an environment that is managed well and where all staff comply with agreed ways of working will be less likely to place individuals in danger or at risk of harm or abuse and so will promote feelings of security amongst individuals and in turn a good sense of well-being.
- **Atmosphere:** an atmosphere that is welcoming and inviting will promote feelings of well-being.



Research it

6.4 Adapting physical and social environments

Research how the physical and social environment can be adapted to meet the needs of an individual who has dementia. Discuss your findings with a colleague.

You may, for example, find it useful to refer to the Alzheimer's Society website www.alzheimers.org.uk for information on adapting the environments for people with dementia.

Evidence opportunity

6.4 Ways to contribute to an environment that promotes well-being

Identify an individual who has care or support needs, for example this could be an individual with learning or physical difficulties, hearing or sight loss, dementia or a heart condition. Show your assessor how you contribute to an environment that promotes their needs.

Write a case study listing the individual's needs and the different ways that you can contribute to an environment that promotes the individual's well-being. Remember that you cannot include personal details about individuals in your portfolio.

A stimulating atmosphere will ensure individuals' needs are met. For example, organising the provision for activities or the availability of adult care workers with special areas of expertise. In turn, this will promote a sense of well-being as the individuals will feel valued.

LO7 Understand the role of risk assessment in enabling a person-centred approach

Getting started

Think about an occasion you supported an individual to take risk. How did you support the individual to assess the risks involved?

Table 9.4 Examples of risk assessments and uses

Examples of risk assessments	Uses
Health and safety	Assessing the hazards and risks in an individual's home so that you can ensure the individual's safety and others who work with and visit the individual.
Fire safety	Assessing the hazards and risks of cluttered fire exit routes to promote fire safety.
Infection control	Assessing the dangers posed by an individual who has contracted the MRSA virus to reduce the spread of infection.
Moving and handling	Assessing the hazards and risks involved in supporting an individual to use a ceiling hoist in their room to avoid injury to the individual and to the adult care workers supporting the individual.
Recreational activity	Assessing the hazards and risks of an individual with poor mobility participating in an activity in the garden to avoid the individual having a fall.
Safeguarding	Assessing the hazards and risks of an individual with dementia socialising with others on their own to reduce the risk of the individual being harmed or abused.

AC 7.1 Compare different uses of risk assessment in care settings

Balancing your duty of care and an individual's rights involves doing everything you can to support individuals to make their own choices and decisions and be independent without compromising their or others' safety. Think about risks associated with new friendships and relationships. There may be the risk of getting hurt, being rejected or being treated unfairly. The risk assessment process (see also [AC 5.3](#), page [380](#)) involves supporting individuals to take risks by assessing what the potential dangers are and by considering what can be put in place to reduce those risks and protect individuals from danger, harm, abuse and neglect. The risk assessment process does not prevent individuals from doing what they want but rather helps individuals and you to manage these risks effectively by considering what can be done to reduce these. In this way, you will be exercising your duty of care by supporting individuals' rights to live how they want to and make their own choices and decisions after giving careful consideration to the associated benefits, risks and consequences.



Reflect on it

7.1 Consequences

Reflect on the consequences of using risk assessment to prevent or restrict an individual's right to make choices. What would the consequences be for the individual, you and the organisation?

Evidence opportunity

7.1 Compare different uses of risk-assessment

For three of the risk assessments shown in [Table 9.4](#), write down their similarities and differences in terms of their uses.

[Table 9.4](#) shows some examples of the different uses of risk assessments carried out in care settings; you may also find it useful to refer to risk assessments in [Unit 302 Promote health, safety and well-being in care settings](#).

AC 7.2 Explain how risk taking and risk assessment relate to rights and responsibilities

Taking risks and using risk assessment to do so is a key aspect of providing person-centred care because taking risks is part of everyday life and an essential part of supporting individuals' rights to make choices and be in control of their lives, care and support. Robust risk assessments allow individuals to take risks. This approach is also known as positive risk taking and involves weighing up the benefits and harms of different choices and decisions. It is linked to promoting individuals' rights and responsibilities because it involves:

- enabling individuals to grow in confidence and make their own decisions based on information available on a range of options
- promoting individuals' strengths and abilities
- supporting individuals to take opportunities



Reflect on it

7.2 Positive risk taking

Reflect on three aspects identified above of what positive risk taking involves and explain how you do this in the care setting where you work.

Evidence opportunity

7.2 How risk taking and risk assessment relate to rights and responsibilities

Provide a written account explaining how risk taking and risk assessment relate to rights and responsibilities of individuals. How do you promote individuals' rights and responsibilities in the care setting where you work through positive risk taking?

- supporting individuals to understand their responsibilities and those of others
- supporting individuals to understand the benefits of taking risks
- supporting individuals to understand the consequences of taking risks
- supporting individuals to learn from their mistakes
- developing good working relationships with individuals and others

- being positive about taking risks.

You can also refer to [Unit 305](#) Duty of care in care settings for more information on risk taking and risk management.

AC 7.3 Explain why risk assessments need to be regularly revised

Risk assessments are only effective if they contain accurate and up-to-date information. This means that when there are changes, either to the individual or to the environment, these must be reflected in the risk assessment to ensure that it is accurate and details a true picture. For example, a moving and handling risk assessment will require updating if the individual begins using a new or different piece of equipment to move from one position to another; a health and safety risk assessment will require updating if maintenance works begin to be carried out in one area of the building.



Reflect on it

7.3 Completing records

Reflect on your learning in [Unit 304](#) Promote effective handling of information in care settings in relation to completing records accurately and fully. How does this learning relate to reviewing and updating risk assessments? Provide a written account.

Evidence opportunity

7.3 Why risk assessments need to be regularly revisited

Provide a written account explaining why risk assessments in the care setting where you work need to be regularly revised.

Regularly revising risk assessments is essential for ensuring that individuals can continue to take risks positively and safely and for minimising any harm or injuries to individuals and those who support them. Risk assessments usually include a review date once they are completed so that their accuracy and currency can be checked at regular intervals. At the time of completion, the review date may be in one month's time, but should things change before this, such as in a week or two weeks' time then they must be revised and updated. All changes to a risk assessment must be documented clearly so that it can be used and accessed whenever it is needed by those who have permission to do so.

Suggestions for using the activities

This table summarises all the activities in the unit that are relevant to each assessment criterion.

Here, we also suggest other, different methods that you may want to use to present your knowledge and skills by using the activities.

These are just suggestions, and you should refer to the Introduction section at the start of the book, and more importantly the City & Guilds specification, and your assessor who will be able to provide more guidance on how you can evidence your knowledge and skills.

When you need to be observed during your assessment, this can be done by your assessor, or your manager can provide a witness testimony.

Assessment criteria and accompanying activities	Suggested assessment methods to show your knowledge/skills
LO1 Understand how to promote the application of person-centred approaches in care settings	
1.1 Research it (page 355)	Write down your findings about key pieces of legislation and address the points in the activity. Or you could write a personal statement about how and why person-centred values must influence all aspects of health and adult care work.
1.1 Evidence opportunity (page 355)	Address the points in the activity and provide a written account.
1.1, 2.1, 2.3 Case study (page 366)	The Case study will help you to think about the importance of person-centred values.
1.1, 1.2 Reflect on it (page 357)	Provide a reflective account addressing the points in the activity. Or you could write one discussing how you have used an individual's care plan in your day-to-day working practices. Explain how this has been part of applying person-centred values. You could also show your work product evidence of an individual's care plan that you contributed and helped to develop.
1.2 Evidence opportunity (page 357)	Evaluate your use of an individual's care plan in applying person-centred values. Write up notes to evidence your discussion as instructed.
1.3 Reflect on it (page 257)	Write a reflective account based on the activity or about an occasion when you received feedback about an aspect of your work and how this helped with the delivery of person-centred care.
1.3 Evidence opportunity (page 360)	Provide a written account explaining how to collate and analyse feedback to support the delivery of person-centred care in line with roles and responsibilities.
LO2 Be able to work in a person-centred way	
2.1 Evidence opportunity (page 361)	You must make arrangements for your work practices to be observed so that you can show how to work with an individual and others to find out about the history, preferences, wishes and needs of an individual. You could also show to support your observation, work product evidence of, for example, the individual's care plan, or other relevant records or reports.
1.1, 2.1, 2.3 Case study (page 366)	The Case study will help you to think about how to find out about an individual's history, preferences, wishes and needs.
1.1, 2.2 Reflect on it (page 362)	Write a reflective account about an occasion where you or someone you know supported an individual who was in a complex or sensitive situation, or how they dealt with a complex or sensitive situation.
2.2, 1.1 Research it (page 364)	Keep a diary or discuss with your assessor.
2.2, 1.1 Evidence opportunity (page 364)	You must make arrangements for your work practices to be observed so that you can demonstrate different ways of putting person-centred values into practice in complex or sensitive situations. You can obtain work product evidence such as the individual's care plan or other relevant records and reports and a witness testimony to support your observation.

Suggestions for using the activities	
2.3 Research it (page 366)	Produce a leaflet, or write down your findings.
2.3 Research it (page 366)	Write down your findings.
2.3, 2.1, 1.2 Evidence opportunity (page 366)	You must make arrangements for your work practices to be observed so that you can demonstrate how you adapt your actions and approaches in response to an individual's changing needs or preferences. You could obtain a witness testimony to support your observation.
1.1, 2.1, 2.3 Case study (page 366)	The Case study will help you to think about how to adapt your actions and approaches when working with individuals and the positive influence this can have.
LO3 Be able to establish consent when providing care or support	
3.1 Reflect on it (page 367)	Write a reflective account based on the activity or one that explains the importance of establishing an individual's consent when providing care or support.
3.1 Research it (page 368)	Write down your findings. You could also discuss these with a colleague and the reasons why an individual's lack of capacity may vary.
3.1 Evidence opportunity (page 369)	Develop a case study as instructed in the activity, or a presentation about the factors that can influence the capacity of an individual to express consent.
3.2 Research it (page 370)	Write down your findings. You could also follow this up with a reflective account on legal reasons for establishing consent for an activity or action
3.2, 1.2 Evidence opportunity (page 370)	You must make arrangements for your work practices to be observed so that you can show how you establish consent for an activity or action.
3.1, 3.3 Reflect on it (page 370)	Address the points in the activity and write a reflective account. Or you could write an account that explains what actions you would take if you could not establish consent with an individual in the care setting where you work.
3.3 Evidence opportunity (page 371)	Discuss what steps you must take if you are unable to establish consent with an individual in the care setting where you work. Be prepared to explain why each step is necessary. Produce a step-by-step diagram. You could use your work setting's policy/procedures/agreed ways of working for establishing consent as the basis of your discussion.
3.1, 3.2, 3.3 Case study (page 371)	The Case study will help you to think about issues around capacity.
LO4 Be able to implement and promote active participation	
4.1 Reflect on it (page 373)	You could write a reflective account based on the activity. Or you could write a reflective account of your experience of how active participation benefits an individual. Include a range of benefits in your reflection. You could also collect a witness testimony to support your reflective account and work product evidence such as daily records you have completed or the contributions you have made to an individual's care plan.
4.1 Research it (page 374)	Create a handout or write down your findings.
4.1 Evidence opportunity (page 374)	Develop a case study as instructed or a presentation to describe the different ways of applying active participation to meet individuals' needs.
4.2 Reflect on it (page 375)	Write a reflective account based on the activity, or one of an occasion when you worked with an individual and others to promote the individual's independence.
4.2 Evidence opportunity (page 375)	You must make arrangements for your work practices to be observed so that you can demonstrate how you work with an individual and others to agree how active participation will be implemented. You could obtain a witness testimony to support your observation.

Suggestions for using the activities	
4.3 Evidence opportunity (page 376)	You must make arrangements for your work practices to be observed so that you can demonstrate how active participation can address the holistic needs of an individual. You could obtain a witness testimony to support your observation.
4.4 Reflect on it (page 377)	Write a reflective account based on the activity or of an occasion when you supported an individual to understand the use of active participation.
4.4 Evidence opportunity (page 378)	You must make arrangements for your work practices to be observed so that you can demonstrate ways to promote understanding and use of active participation. You could obtain a witness testimony to support your observation.
LO5 Be able to support the individual's right to make choices	
5.1 Research it (page 379)	Using your research as the basis, write a reflective account of how you support different individuals in the care setting where you work to make informed choices.
5.1 Reflect on it (page 379)	Write a reflective account based on the activity. Or discuss with a colleague best practice for supporting an individual to make informed choices and document your discussion.
5.1 Evidence opportunity (page 379)	You must make arrangements for your work practices to be observed so that you can demonstrate how to support an individual to make informed choices. You could obtain a witness testimony to support your observation.
5.2 Reflect on it (page 380)	Write a reflective account based on the activity or about an occasion you supported an individual's right to make choices
5.2 Evidence opportunity (page 380)	You must make arrangements for your work practices to be observed so that you can show how to use your role and authority to support an individual's right to make choices. You could also collect a witness testimony to show your skills and support your observation.
5.3 Research it (page 380)	Produce a leaflet, after which you could write a reflective account about an occasion you conducted a risk assessment with an individual and maintained their right to make choices.
5.3 Evidence opportunity (page 381) 1.3, 5.2, 5.3 Reflective exemplar (page 381)	You must make arrangements for your work practices to be observed so that you can show how to manage risk in a way that maintains the individual's right to make choices. You could also obtain a witness testimony to show your skills and work product evidence of the risk assessment you carried out to support your observation.
5.4 Reflect on it (page 382)	Write a reflective account based on the activity or one about an occasion you supported an individual to question or challenge decisions concerning them that are made by others.
5.4 Research it (page 382)	Write down your findings about support groups, and/or document the discussion you have with your assessor.
5.4 Evidence opportunity (page 383)	Describe how to support an individual to question or challenge decisions concerning them that are made by others. Write down your description.
LO6 Be able to promote individuals' well-being	
6.1 Reflect on it (page 383)	Write a reflective account based on the activity or a personal statement that explains the links between the following: identity, self-image and self-esteem.
6.1 Evidence opportunity (page 384)	Develop a written account or a presentation that explains how the concepts of identity, self-image and self-esteem are linked.
6.2 Research it (page 384)	Write down your findings.

Suggestions for using the activities

6.2 Evidence opportunity (page 385)	Develop a written account or an information guide that analyses the factors contributing to the well-being of individuals in the care setting where you work.
6.3 Research it (page 386)	Produce a handout or written account. You could also think about the range of attitudes and approaches that are likely to promote an individual's well-being.
6.3 Evidence opportunity (page 386)	You must make arrangements for your work practices to be observed so that you can show how to support an individual in a way that promotes their sense of identity, self-image and self-esteem. Remember to think about what you say, how you express it and how you behave. You could also collect a witness testimony to show your skills and support your observation.
6.4 Reflect on it (page 387)	Write a reflective account based on the activity, or one about the different ways to contribute to the setting that promotes individuals' well-being.
6.4 Research it (page 387)	Write down your findings.
6.4 Evidence opportunity (page 387)	You must make arrangements for your work practices to be observed so that you can show how to contribute in different ways to an environment that promotes well-being. You could also collect a witness testimony to show your skills and support your observation.
LO7 Understand the role of risk-assessment in enabling a person-centred approach	
7.1 Reflect on it (page 388)	Write a reflective account based on the activity, or one about how risk assessments are used differently across two care settings.
7.1 Evidence opportunity (page 388)	Write down the similarities and differences.
7.2 Reflect on it (page 389)	Write a reflective account based on the activity, or one on how using risk taking and risk assessment help you to support individuals with their rights and responsibilities.
7.2 Evidence opportunity (page 389)	Provide a written account addressing the points in the activity.
7.3 Reflect on it (page 389)	Write a reflective account based on the activity or a personal statement about the importance of regularly revising risk assessments.
7.3 Evidence opportunity (page 389)	Provide a written account based on the activity, or one about an occasion when you revised an individual's risk assessment regularly; explain why you did so.

Legislation	
Act/Regulation	Key points
Data Protection Act 1998	Personal information must be recorded, used, stored and shared according to a set of principles or rules to ensure the individuals' rights are protected and the security of their personal information is maintained.
General Data Protection Regulation (GDPR) 2018	The GDPR replaced the DPA 1998 in 2018. In order to ensure care is person-centred, you will need to ensure information is handled with the utmost care. You can find more information on the GDPR in Unit 304.
The Human Rights Act 1998	Everyone in the UK is entitled to the same rights and freedoms. This includes individuals who have care and support needs. The Act supports individuals to have the right to take risks and to have their choices and decisions respected.
The Management of Health and Safety at Work Regulations 1999	It is a legal requirement for risks in work settings including care settings to be managed safely and that risk assessments are carried out, documented, reviewed and updated.

Legislation

The Mental Capacity Act 2005	This Act supports person-centred working by supporting individuals' rights to make their own decisions, including being provided with the necessary support to do so. It also protects the rights of individuals who lack capacity by providing guidance on who can make decisions about them and how to plan ahead for this in case it arises in the future.
The Care Act 2014	This Act supports individuals' rights to make informed decisions about their care and support and promotes a person-centred approach to care planning where adult care workers can support individuals to develop their care plans. It also defines the concept of well-being and outlines how adult care workers can promote individuals' well-being. Also see the government publications: ● <i>Personalised Health and Care 2020</i>, which sets out how technology and data can be used to improve health and the way health and social care services are delivered. ● <i>The Adult Social Care Outcomes Framework Handbook of Definitions</i>, which measures how well care and support services achieve the outcomes that are the most important to people.
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	This Act supports the rights of individuals and their representatives to be involved in the planning, provision and review of their care and support. It would be useful for you to research the various Regulations, including 11 which covers consent.

Further reading and research

Books and booklets

Baker, C (2014) *Developing Excellent Care for People Living with Dementia in Care Homes (University of Bradford Dementia Good Practice Guides)*, Jessica Kingsley Publishers

Ferreiro Peteiro, M. (2015) *Level 3 Health & Social Care Diploma Evidence Guide*, Hodder Education

Storlie, T. A (2015) *Person-Centred Communication with Older Adults: The Professional Provider's Guide*, Academic Press

Health and Safety Executive (HSE) (2014) *Health and Safety in Care Homes (HSG220 – Second edition)*, Health and Safety Executive

Weblinks

www.alzheimers.org.uk Alzheimers Society – information and guidance about person-centred care and support to individuals who have dementia, including ways to adapt the environment

www.cqc.org Care Quality Commission (CQC) – useful guidance about the requirements for care settings to work in person-centred ways and establish consent

www.gov.uk The UK Government's website for information about current legislation including The Care Act 2014, the Mental Capacity Act 2005, The Management of Health and Safety at Work Regulations 1999

www.hse.gov.uk The Health and Safety Executive's website for information about managing risks in care settings

www.mind.org.uk Mind – resources and information about the Mental Capacity Act 2005, including useful terms to know about

www.nutrition.org.uk Nutrition British Nutrition Foundation – information, resources and guidance about living healthily, eating and drinking healthily

www.scie.org.uk Social Care Institute for Excellence (SCIE) – resources and information about the Care Act 2014 in relation to the concept of well-being

www.skillsforcare.org.uk Skills for Care – resources and information on the Care Act 2014

Glossary

Abuse occurs when someone is mistreated in a way that causes them pain and hurt.

ACAS is an independent organisation that provides impartial and confidential advice to employees for resolving difficulties and conflicts at work.

Accidents are unexpected events that cause damage or injury, for example, a fall.

Accurate records contain factually correct information.

Active listening is a communication technique that involves understanding and interpreting what is being expressed through verbal and non-verbal communication.

Active participation means enabling individuals to be involved in their care and support and can mean that people feel in control of their day-to-day choices. It is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Adult care settings include residential homes, nursing homes, domiciliary care, day centres, an individual's own home and some clinical healthcare settings.

Adult care workers enable individuals with care and support needs to live independently and safely.

Advocate is an independent person who supports an individual to express their views and interests when they are unable to do so themselves. An individual may require an advocate because of a disability or condition that they may have.

Agreed ways of working are your employer's policies and procedures that are set out to guide you in relation to your work activities, and must be adhered to. They may be less formally documented with smaller employers.

Allegations of abuse are when an individual tells you that they are being abused. Other people may also allege that abuse is happening to individuals.

Alzheimer's disease is the most common cause of dementia; symptoms can

include the gradual loss of memory and communication skills and a decline in the ability to think and reason clearly.

Anxiety is a feeling of fear or worry that may be mild or serious and can lead to physical symptoms such as shakiness.

Aphasia is most often caused by stroke. It is a complex language and communication disorder which affects the ability to produce or comprehend speech, and the ability to read or write. It can also be caused by any disease, injury or damage to the language centres of the brain. People who suffer from aphasia experience a complete disruption to their communication, they will not understand what others say and will be unable to speak.

Approved mental health professional refers to the mental health professional responsible for co-ordinating an individual's assessment and admission to hospital when the individual is sectioned. These professionals can be nurses, adult social care workers, psychologists, occupational therapists.

Arthritis is a medical condition that affects joints by causing pain, stiffness, swelling and decreased mobility of the joints.

Association of Directors of Adult Social Services (ADASS) is a charity whose members are active directors of social care services and whose aim is to promote high standards of social care services.

Asthma is a lung condition that causes breathing difficulties that can range from mild to severe.

Attitudes are the ways you express what you think or believe through words or your behaviour.

Audit processes to audit means to inspect, monitor or assess. An audit process may be a more formal inspection of a company or the accounts that it holds, and a check to ensure that the information is recorded fully and accurately. They will check that there are no errors or omissions. This will help the setting to improve their records and how information is documented and will mean that information will be recorded more accurately leading to improved care and support and less likelihood of errors being made.

Audit trail refers to either the paper-based or electronic records maintained about an activity or situation.

Autism spectrum disorder (ASD) is a lifelong condition that affects how people perceive the world and interact with others. For example, they may have difficulties interacting and socialising with others.

Behaviours are the ways in which you act, including towards others.

Belief systems are personal to you and what you regard to be true. They can sometimes be shared with others who belong to a similar group or culture. Beliefs can be political, religious, cultural or moral and are formed throughout your life.

Beliefs are ideas that are accepted as true and real by the person that holds them. They could be religious or political, for example. They may also be to do with someone's morals or the way they live, for example 'I believe in treating others how I expect to be treated.'

Best interests means what is right for a particular person. The Mental Capacity Act (2005) sets out a checklist of things to consider when deciding what is in a person's 'best interests'.

Block alphabet is an adapted form of finger spelling taken from British Sign Language (BSL) where you use your finger to trace the outline of capital letters on the palm of the deafblind individual thus enabling communication by touch alone.

Body fluids refers to any fluid that circulates around the body or is expelled from the body, such as blood, urine, sputum and vomit.

Boundaries are the limits that you must work within when carrying out your job role.

Braille is a method of written communication using characters that are represented by patterns of raised dots that are felt with the fingertips and is used by individuals who are blind.

Brexit is a term that has been used for the United Kingdom leaving the European Union (EU). The EU was formed by France and Germany after the end of the Second World War to ensure that they would never again go to war with each other. The European Union currently consists of 28 countries of which the UK is one. The countries in the EU trade with one another and also discuss other political issues like climate change. In 2016, the UK voted and decided that they no longer wanted to be a member of the EU. There are a number of 'EU' laws that are in place in the UK. It is uncertain how these laws will be affected when the UK finally leaves the EU, which is likely to be in 2019.

British Sign Language (BSL) is a system used by individuals who are deaf or have a hearing impairment, to communicate and interact with others. It involves using hand signs, gestures, facial expressions and body language.

Caldicott Principles refer to a set of seven general principles that health and social care organisations should use when handling individual's personal information. They, for example, outline that you must justify the purpose for using confidential information, and that you must only use it if absolutely necessary. They were developed in the 1990s following a review into the use of patient information across the NHS. Organisations should adhere to these principles to ensure that patient-identifiable information is protected and only used when necessary. Although these are not the law as such, it is important that you are aware of these guidelines. For more information, take a look at: www.igt.hscic.gov.uk/Caldicott2Principles.aspx

Candour refers to a way of working that involves being open and honest with individuals, your employer and others in the care setting where you work when something has gone wrong such as incidents or near misses that may have led to harm.

Capacity refers to an individual's ability to make their own decisions.

Care plan may be known by other names, such as a support plan, or individual plan. It is the document that sets out the agreed plan of care or support for an individual and where day-to-day requirements and preferences for care and support are detailed.

Care Quality Commission (CQC) is the independent regulator of all health and social care services in England. The CQC inspects, monitors and rates adult social care services in terms of their safety, effectiveness, care and management. It checks that the care and support services provided are safe, effective, caring, responsive to people's needs and well-led, and then documents its findings in a report that is made available to the public.

Care review is a regular meeting where individuals and others discuss whether the individual's care and support are effective and how to further meet their needs and preferences, for example.

Care settings can include adult health settings, children and young people's health settings and adult care settings. This qualification focuses on adult care settings. These include residential homes, nursing homes, domiciliary care, day centres, an individual's own home and some clinical healthcare settings.

Cerebral palsy is a neurological condition caused by damage to the brain that affects the body's movements and muscle co-ordination. Symptoms can include jerky uncontrolled movements, stiff and floppy arms or legs.

Chronic depression is continuous mild depression that lasts for two years or

more.

Clinical commissioning groups are organisations that are responsible for the provision of NHS services in England.

Clinical healthcare settings are places where healthcare professionals such as nurses, doctors, and physiotherapists provide direct medical care to individuals such as in a clinic, pharmacy or GP surgery.

Clinical waste bin is a bin where waste that is contaminated with body fluids (for example used dressings, bandages and disposable gloves) is disposed of as it poses a risk of infection. These are usually located in bathrooms and laundry areas.

Closed questions such as ‘Who?’ ‘Where?’ encourage short, less complex responses.

Codes of practice refer to the guidelines and standards that care workers are expected to follow when carrying out their roles.

Communication aid is a tool that enables an individual to communicate and interact with others. For example, a communication book that contains photographs and signs of people, places and objects familiar to the individual.

Community treatment order enables you to be discharged from hospital when you have been sectioned and treated in hospital as long as you meet certain conditions such as living in a certain place or accessing medical treatment.

Compassion in a care setting means delivering care and support with kindness, consideration, dignity and respect.

Compassionate care and support refers to providing care and support with consideration and kindness and whilst supporting individuals’ rights such as privacy, dignity and respect.

Complete records contain full details and all the information that is necessary.

Complex or sensitive situations may include those that are distressing or traumatic, threatening or frightening, likely to have serious implications or consequences, of a personal nature, or involving complex communication or cognitive needs.

Confidential describes something that is intended to be kept private. This can include an individual’s personal information.

Confidentiality refers to maintaining the privacy of sensitive or restricted information, for example information about an individual’s diagnosis of a health

condition. Confidentiality is important in an adult care setting because it respects individuals' rights to privacy and dignity, instils trust between you and others, promotes individuals' safety and security and shows compliance with legislation such as the Data Protection Act 1998 (replaced by the GDPR 2018).

Consent refers to informed agreement to an action or decision; the process of establishing consent will vary according to an individual's capacity to consent. See also 'mental capacity'.

Continuing professional development (CPD) refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial (induction) training. It is a record of what you experience, learn and then apply.

CQC inspectors monitor and check the quality of care settings. They check whether care settings are safe, providing effective care, treating individuals with dignity and respect and meeting individuals' needs.

Cross infection is the spread of infection from person to person, from contaminated objects, through air, food, animals and insects.

Culture refers to particular ideas, traditions and customs practised and shared by a group of people, usually from a particular country or society.

Dangerous occurrences are incidents that do not cause injury but have the potential to do so.

Day centres are settings that provide leisure, educational, health and well-being activities during the day.

Deafblind refers to an individual who has both hearing and sight loss. The combined loss of their hearing and sight means that their ability to communicate and mobilise is severely affected.

Dementia refers to a group of symptoms that affect how a person thinks, remembers, problem-solves, uses language and communicates, and their ability to carry out tasks and activities. They occur when brain cells stop working properly and the brain is damaged by injury, or by disease such as Alzheimer's.

Depression is a medical condition causing low mood that affects your thoughts and feelings. It can range from mild to severe but usually lasts for a long time and affects your day-to-day living.

Diabetes is a health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

Dignity in a care setting means respecting the views, choices and decisions of individuals and not making assumptions about how individuals want to be treated.

Disclose is to report confidential or sensitive information.

Disclosure and Barring Service (DBS) is a government service that makes background checks for organisations on people who want to work with children or adults with care or support needs.

Disclosure of abuse is when an individual tells you that abuse has happened, or is happening to them.

Discrimination means treating people unfairly or unlawfully, because they have a disability, or are of a different race, gender or age, for example.

Diversity means different types and variation. This could refer to different people, or things. In an adult care setting for example, you will come across various different people, from different or 'diverse' backgrounds and needs. They may be different, for example, because of where they come from, how they dress, and their age. In an adult care setting it is important that you recognise, respect and value people's individual differences.

Domiciliary care is where health and social care workers will provide care and support to individuals who still live in their own home but require additional help such as support with household tasks or personal care.

Duty of candour refers to the standards that adult care workers and professionals must follow when mistakes are made, and an individual's care goes wrong. This will include being open and honest.

Duty of care refers to the legal requirement that health and social care workers have to ensure the safety and well-being of individuals and others while providing care or support. This concept is covered in [Unit 305](#) Duty of care in care settings.

Dysphasia is a language disorder that is caused by damage to the brain. People with dysphasia will often have difficulty with verbal communication. It is different to aphasia because here people will experience partial loss of speech. They will still experience difficulty in comprehending and understanding language.

Empathy is the ability to see things from another person's point of view, to understand how someone else may be feeling, or to understand another person's way of thinking.

Enhanced Care Workers are care workers who have been upskilled and trained to provide, for example, increased clinical support to registered nurses in nursing homes or improve the quality of dementia care to individuals with dementia who are hospital patients.

Equality refers to ensuring equal opportunities are provided to everyone irrespective of their differences such as ages, abilities, backgrounds, religions. In an adult care setting, this also means making sure that everyone is entitled to the same rights, and opportunities.

Experiences are personal to you and may include a whole range of situations and events, some may have occurred when you were a child, others when you were an adult. Some may be positive, others may be negative, some may have happened at work, others in your personal life away from work.

Female genital mutilation (FGM) refers to a practice where the female genitals are deliberately cut, injured or changed and might be done because of cultural beliefs.

Formal supervision means having regular meetings with your manager, senior or employer to discuss any issues relevant to your job role and receive feedback on what has been going well and what improvements you need to make.

Fronto-temporal dementia is a rare form of dementia caused by damage to the frontal lobe of the brain which controls our emotional responses, behaviour and social skills.

Gender pay gap refers to the difference in the hourly earnings between men and women in the UK.

General Data Protection Regulation (GDPR) 2018 is a set of data protection laws that protect individuals' personal information. This replaced the Data Protection Act in May 2018.

General information that is recorded and held by a public authority may include information in relation to complaints received, accidents that have taken place, and correspondence exchanged between organisations. For example, an individual may request access to find out about the number of infections there have been in a hospital or the number of accidents there have been in a residential care home so that they can decide which setting is best for their relative to access.

Harm is caused as a result of abuse. Someone may have come to harm physically (they may be bruised or injured) or emotionally (they may be frightened or worried). This may not be intentional. For example, someone may

hurt themselves at home because of a tear in the carpet which went unnoticed; in which case the harm caused is accidental.

Hazardous substances are substances that have the potential to cause harm and illness to others, for example cleaning detergents, medication, acids and body fluids such as blood and urine. Hazardous materials are materials that have the potential to cause harm and illness to others, for example used dressings or PPE that has come into contact with body fluids.

Hazards are dangers with the potential to cause harm, for example a spillage on the floor or a broken wheelchair.

Health and Safety Executive (HSE) is the independent regulator in the UK for health and safety in work settings.

Health and safety officer is a named person in an organisation who is responsible for overseeing all health and safety matters, for example reviewing health and safety procedures and investigating accidents at work.

Health and safety could be in relation to the safety of yourself, your colleagues or the people you support.

Health and Social Care Information Centre (now called NHS Digital) is responsible for providing information and systems for handling individuals' information.

Health and well-being boards are health and social care organisations that work together to improve the health and well-being of the people living in the local area they are responsible for.

Hearing impairment refers to hearing loss that may occur in one or both ears. This can be partial (some loss of hearing) or complete loss of hearing.

Heart disease is a condition that affects your heart and can lead to mild chest pain or a heart attack.

Hepatitis is the term used to describe inflammation of the liver; hepatitis C is caused by the hepatitis C virus. This is usually spread through blood-to-blood contact with an infected person.

Honour-based violence refers to domestic violence committed in the name of 'honour'.

ICO refers to the Information Commissioner's Office which is the independent authority that upholds rights with regards to people's information and promotes openness by public bodies and data privacy for individuals. Go to

<https://ico.org.uk>.

Identifier is a tool (the NHS Number) used to match people to their health records.

Identity, in the context of an adult care setting and handling information, means confirmation of who a person is, for example their name, who they work for and who they are visiting.

Immune system is the body's natural defences that work together to fight disease and infections.

In confidence, in an adult care setting, means to trust that the information will only be passed on to others who need to know.

Inclusion means being included or involved, for example being part of a wider group, or a group of friends. In an adult care setting, this means ensuring that all individuals are able to be included or partake in everyday life regardless of any differences. It refers to involving people in their care or the services they use so that they are treated fairly and not excluded. This can create a sense of belonging.

Independent advocate is a trained independent person who is appointed to represent/speak on behalf of an individual who may be unable to speak for/represent themselves due to a disability or condition such as dementia.

Independent Mental Capacity Advocate (IMCA) refers to a person who provides support and representation for a person who lacks capacity to make specific decisions where the person has no one else to support them.

Individuals refer to the people you care for or support.

Induction is the process of introducing a worker to an organisation and work setting by showing them round the work setting and explaining the agreed ways of working, for example.

Infection refers to when germs enter the body and cause an individual to become unwell.

Information Governance Alliance includes the Department of Health, NHS England, NHS Digital and Public Health England. Its aim is to improve how people's information is handled by health and care services.

Job description is a document that describes the duties and responsibilities to be carried out as part of your job.

Kosher refers to foods that are permitted to be eaten under Jewish dietary laws

and that can be used as ingredients in the production of additional food items.

Labour Force Survey (LFS) is a study of the employment circumstances of the UK population. It is the largest household study in the UK and provides information in relation to employment and unemployment.

Lack of capacity is a term used to refer to when an individual is unable to make a decision for themselves because of a learning disability, a condition such as dementia or a mental health need, or because they are unconscious.

Learning disabilities mean reduced ability to think and make decisions. People with learning disabilities can experience difficulty with everyday activities which affect them for their whole life. This may, for example, include difficulties with budgeting, shopping and planning a train journey.

Legible records are written in a way that they can be easily read and understood.

Legislation refers to laws that are made by the government and must be followed; these include Acts of Parliament as well as Regulations.

Linguistic tone refers to your tone when speaking, for example volume, mood, feeling.

Local systems may include employers' safeguarding policies and procedures as well as multi-agency protection arrangements for your local area, for example a Safeguarding Adults Board.

Makaton is a method of communication using signs and symbols that can be used by individuals who have learning disabilities.

Mental capacity refers to an individual's ability to make decisions and give consent.

Mentor refers to a person in your work setting who has more experience than you and can provide you with guidance and advice in relation to your job role and responsibilities. This person, however, is there to offer advice more informally than your manager or employer. If there is an issue, for example, that you are not sure how to address with your manager, you could talk to your mentor first.

MRSA stands for methicillin-resistant *Staphylococcus aureus* and is often referred to as a 'superbug' because it is difficult to treat. It is a bacterium that can cause serious infections.

Muscular dystrophy refers to a group of conditions that affect the muscles and

results in the body's muscles weakening and breaking down over time.

Musculoskeletal disorders refers to injuries, damage or disorders of the joints or other tissues in the upper and lower limbs or the back.

Near misses refer to incidents that have the potential to cause harm, such as a delay in administering an individual's medication or a hoist battery that runs out just before an individual is about to be moved from one position to another. It may be that the individual is not actually harmed, but they could have been, and so it is a 'near miss.'

Neglect is a form of abuse and means failing to care for someone, resulting in their needs not being met. It can also mean 'self-neglect', which is when someone fails to care for themselves. This might be because of health problems or disabilities. However, sometimes a person may choose to live a certain way that seems like they are neglecting themselves, for example they may choose to smoke, have a poor diet or drink an excessive amount of alcohol. This may not be self-neglect, but a personal choice. You have a duty of care to inform individuals of the dangers, but not to make decisions for them, unless they lack the capacity to do so or their health is at serious risk.

Negotiation means reaching an agreement through discussion.

Norovirus is an infection of the stomach that causes diarrhoea and vomiting.

Nursing homes provide the same services as residential care homes but have registered nurses for individuals who have health needs.

Objective to be objective is to be fair, and not influenced by your own feelings or beliefs.

Objects of reference are used as a means of communication by individuals and is any object which is used to represent an item, activity, place, or person. For example, a fork can represent lunchtime, and a photograph of a train can represent going to visit a family member.

Ombudsman is a free independent service that investigates complaints against an organisation.

Open posture means not crossing your arms or legs in front of you, this avoids you appearing defensive.

Open questions such as What? Why? How? encourage the expression of opinions and feelings.

Others may include team members, other colleagues, professionals, those who

use or commission their own health or social care services, individuals' families, carers and advocates.

Paraphrase means to restate what has been said or heard in order to clarify.

Personal assistants work directly for one individual with care and support needs, usually within the individual's own home.

Personal development plan (PDP) may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives and timescales for review.

Personal information that is recorded and held by an organisation may include contact details as well as information about the individual's health, care needs, and family background.

Personal protective equipment (PPE) is equipment that is worn by care workers and is usually disposable to prevent infections from spreading. PPE includes disposable gloves and plastic aprons. You will be expected to know the different types of PPE and how to use it correctly and appropriately in your work environment. Appropriate use may, in some cases, mean after consideration, that PPE is not required.

Person-centred values include individuality, rights, choice, privacy, independence, dignity, respect, partnership, care, compassion, courage, communication, competence

Physiotherapists are trained professionals who help to restore the body's movement and function when an individual is affected by injury, illness or disability through mobility exercises, for example.

Pitch refers to the quality of sound you hear i.e. degree of highness or lowness of tone.

Policies and procedures may include other agreed ways of working as well as formal policies and procedures, for example, how to carry out risk assessments or handle complaints.

Preferences refer to an individual's choices and wishes and may be based on beliefs, values and culture.

Prejudice refers to your bias towards something that occurs as a result of your beliefs and values and can include for example believing that people with autism must not take risks because this may be unsafe and may be based on your previous experience.

Professional Councils are organisations that regulate professions, such as adult social care workers who work with adults in residential care homes, in day centres and who provide care in someone's home. They can provide advice and support around working with individuals who lack capacity to make decisions.

Professional refers to carrying out your job in a skilful and knowledgeable way, showing behaviour that is moral and acceptable for the role that you are in.

Psychotic episode is when a person experiences reality in a very different way to those around them; the person loses touch with what reality is and may believe things that are untrue or not happening.

Regulator is a term used to describe an independent body such as the CQC that inspects, monitors and rates adult social care services in terms of their safety, effectiveness, care and management.

Rehabilitation worker is a person who supports individuals to live independently following an accident or illness.

Residential care homes are homes that individuals live in. Care workers will provide meals and assistance with personal care tasks such as washing, dressing, eating.

Responsibilities can be duties that you are to complete as part of your job, and can include legal duties that you are required to fulfil legally as part of your job role.

Responsible clinician refers to the mental health professional in charge of an individual's care and treatment whilst the individual is sectioned under the Mental Health Act.

Rights are a legal entitlement to something, for example the right to have personal information held about you by an organisation kept secure.

Risk assessment is a process used in work settings for identifying hazards, assessing the level of risk and putting in place processes for reducing the risk identified. Risk assessment and management are used to support individuals to make informed choices, so that they are aware of the risks involved. It is not to stop people from making their own choices, but to help them to manage and reduce the risks involved.

Safeguarding Adults Boards (SAB) safeguard adults with care or support needs by overseeing local adult safeguarding systems and ensuring all organisations work in partnership.

Sectioned means that you are detained in hospital under the Mental Health Act

1983.

Sector Skills Councils are organisations led by and for specific employment sectors, for example Skills for Care for the adult social care workforce and Skills for Health for the healthcare workforce.

Security measures are safety measures, which can include checking an individual's identity, and the use of identity and visitor badges.

Sensory loss refers to hearing loss, sight loss or both hearing and sight loss.

Services refer to organisations that provide translation, interpreting, speech and language and advocacy.

Shared Lives carer is someone who opens up their home and family life to include an adult with support needs so that they can participate and experience community and family life. The individual may stay with them for the weekend and they may even go on holiday together.

Signs are outwardly visible to others – you can see them. Signs of abuse can include bruises, sores and malnutrition. Signs can also present as changes in behaviour and moods.

Skills for Care is the Sector Skills Council for people working in early years, children's and young people's services, and for those working in social work and social care for adults and children in the UK. It sets standards and develops qualifications for those working in the sector.

Skills for Health is the Sector Skills Council for people working in healthcare.

Sling refers to the piece of equipment made out of fabric that is placed around the individual's body to enable them to be hoisted.

Social inclusion means providing opportunities for individuals to participate and be involved in their wider communities so that they feel included, have a role and are part of society. This might be through accessing public transport, socialising with friends, accessing a course at a local college or participating in a local cultural event.

Social workers assess, commission and co-ordinate care services and seek to improve outcomes for individuals, especially those who are more vulnerable. They may work in multi-disciplinary teams and can specialise in areas such as mental ill-health, learning disabilities, care for older people or safeguarding.

Sources of support may include formal and informal support, supervision and appraisal, either within or outside the organisation.

Speech and language therapists are professionals who support individuals who have communication difficulties. They might assist those who have speech problems or difficulties using language.

Standards may include codes of conduct and practice, regulations, minimum standards, National Occupational Standards.

Stress is the body's physical and emotional reaction to being under too much pressure.

Stroke refers to a life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Depending on the part of the brain it damages, it can affect how your body works, your communication and how you think and feel.

Sudden illnesses are unexpected medical conditions.

Supervisor refers to the person in your work setting that oversees your work and assesses your performance at work; this is usually your manager or, if you are a Lead Personal Assistant, your employer.

Suspensions of abuse occur when you notice signs or are told by someone about signs that make you think or suspect abuse is happening.

Symptoms are experienced by individuals. They are an indication of something, for example feeling upset, angry, scared or alone. Symptoms could be the result of an illness, or abuse.

Tone refers to the sound you hear, for example volume, mood, feeling.

Trade union representative is a member of an organised group of workers who speaks up for the rights and interests of the employees of an organisation, for example in relation to safe working conditions.

Up-to-date records contain current information.

Values are ideas that form the system by which a person lives their life; often a person's beliefs can develop into their values. They are what you believe to be important to you and can include your family, friends, health, freedom and rights.

Vetting and Barring Scheme ensures that anyone who is not fit or appropriate to work with adults and children does not do so.

Visual impairment an individual whose vision is impaired either severely (i.e. the individual is blind) or partially (i.e. the individual is able/unable to see to some degree).

Voice Output Communication Aids (VOCA) help individuals to communicate by speaking recorded messages and displaying words and symbols on a screen.

Well-being is a wide-ranging concept that applies to different areas of an individual's life and includes their physical, mental, emotional, social, cultural, spiritual, intellectual and economic health. In a care setting, you will be expected to care for people's physical, mental and emotional well-being, as well as your own. Well-being refers to how an individual feels within themselves, for example whether they feel healthy, positive, comfortable and happy.

Whistleblower is a worker who exposes or reports any information that is deemed or thought to be illegal, unethical, unsafe or not correct.

Whistleblowing refers to exposing a serious fault or any kind of information or activity that is deemed illegal, unethical or not correct, for example, unsafe practices, abuse or harm and is having a negative impact on an individual or others.

Work settings may include one specific location or a range of locations, depending on the context of a particular work role, for example a domiciliary carer who may work in individuals' own homes and in residential care homes, or an activities worker who may work in residential homes, day centres, nursing homes or in an individual's own home.

Knowledge, skills, behaviours tables

Unit 201 Safeguarding and protection in care settings

LO1: Understand principles of safeguarding adults

Knowledge, skills, behaviours
Knowledge: what is the meaning of safeguarding?
Do you know your safeguarding responsibilities and how you can promote the safety of individuals with care or support needs?
Do you know how safeguarding links to promoting individuals' health and well-being?
Do you know the meaning of these two types of abuse: emotional/psychological abuse and self-neglect?
Do you know what harm is?
Do you know what restrictive practice is and why it can and cannot be used?
Did you know that you have just answered five questions about the meaning of safeguarding adults?
Skills: how can you show your understanding of how to safeguard adults?
Do you know how to empower an individual in relation to safeguarding?
Do you know how to protect individuals from harm?
Do you know what your role and responsibilities are in relation to restrictive practices?
Did you know that you have just answered three questions about the principles of safeguarding adults?
Behaviours: how can you show the personal qualities you have when safeguarding adults?
Do you know how to work in partnership with others to provide good care and support?
Do you know how to show your awareness and understanding of the different types of abuse that exist?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected of all adult care workers when safeguarding adults?

LO2: Know how to recognise signs of abuse

Knowledge, skills, behaviours
Knowledge: what are the signs and symptoms of abuse?
Do you know three signs that you may notice of physical abuse and domestic abuse?
Do you know three symptoms that an individual may experience of sexual abuse and institutional/organisational abuse?
What factors may contribute to an individual being more vulnerable to abuse? Can you describe three of these?
Did you know that you have just answered three questions about identifying the signs and symptoms of different types of abuse and the factors that mean an individual is vulnerable to abuse?
Skills: how can you show your understanding of how to prevent individuals from being abused?
How can you work in ways that take the three factors you described above into account when providing care or support?
Do you know three environmental factors that may make an individual more vulnerable to abuse? How can you work in ways that consider these factors when providing care or support?
Did you know that you have just answered two questions about how to work in ways that prevent individuals from abuse?
Behaviours: how can you show the personal qualities you have when recognising signs of abuse?
Do you know how to respond sensitively to any changes in individuals that you notice?
Do you know how to protect individuals' privacy when you recognise signs and symptoms of abuse?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected of all adult care workers in relation to recognising signs of abuse?

LO3: Know how to respond to suspected or alleged abuse

Knowledge, skills, behaviours
Knowledge: do you know what to do if you suspect or an individual alleges they are being abused?
Do you know why it is important to take all suspicions of abuse seriously?
Do you know the first thing to do after an individual makes a disclosure of abuse to you?
Do you know why it is important to preserve all evidence of abuse?
Did you know that you have just answered three questions about the importance of responding to abuse?
Skills: how can you show that you are able to respond to suspicions and allegations of abuse?
Do you know how to record suspicions and allegations of abuse accurately?
Do you know how to ensure you follow your agreed ways of working for preserving evidence of abuse?
Did you know that you have just answered two questions about a few of the skills you need in relation to responding to suspicions and allegations of abuse?
Behaviours: how can you show the personal qualities you have when responding to abuse?
Do you know how to listen attentively when an individual tells you they have been abused?
Do you know how to remain calm when reporting abuse?
Do you know how to act professionally when preserving evidence of abuse?
Did you know that you have just answered three questions about some of the essential behaviours that are expected for responding to suspected and alleged abuse?

LO4: Understand the national and local context of safeguarding and protection from abuse

Knowledge, skills, behaviours
Knowledge: what legislation, policies and systems are in place for safeguarding and protecting individuals from abuse?
Do you know two Acts, national policies and local systems that relate to safeguarding adults from abuse?
Do you know what the safeguarding roles and responsibilities of the other agencies you work with are?
Do you know what sources of information, advice and support are available when safeguarding individuals?
Do you know what your agreed ways of working that relate to safeguarding adults say about your roles and responsibilities?
Do you know about different factors that have featured in reports into serious cases of abuse?
Do you know when to seek support in situations beyond your experience and expertise?
Did you know that you have just answered six questions about the legislative, national and local context of safeguarding adults?
Skills: how can you show that you can comply with safeguarding policies and procedures?
Do you know how to show in your working practices the main lessons learned from serious case reviews about safeguarding and protecting individuals from abuse?
Do you understand your employer's whistleblowing procedures?
Do you know how to access information, advice and support about safeguarding individuals?
Do you know when to seek support in situations beyond your experience and expertise?
Did you know that you have just answered four questions about some of the skills you need in relation to effectively safeguarding and protecting individuals from abuse?
Behaviours: how can you show the personal qualities you have when safeguarding and protecting individuals from abuse?
Do you know how to work in partnership with others when safeguarding individuals?
Do you know how to respond assertively to situations beyond your experience and expertise?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected from adult care workers when safeguarding and protecting individuals from abuse?

LO5: Understand ways to reduce the likelihood of abuse

Knowledge, skills, behaviours
Knowledge: why is reducing the likelihood of abuse important?
Do you know what person-centred values are and how they reduce the likelihood of abuse?
Do you know what rights an individual with care or support needs has and why supporting these can reduce the likelihood of abuse?
Do you know why an accessible complaints procedure is important and why this can reduce the likelihood of abuse?
Do you know how to follow your employer's risk enablement procedures for managing risk and preventing abuse?
Did you know that you have just answered four questions about the importance of reducing the likelihood of abuse?
Skills: how can you show ways of working that reduce the likelihood of abuse?
Do you know how to instil person-centred values in work practices and encourage individuals to be active participants in their care or support?
Do you know how to promote individuals' choices and rights, including to keep safe?
Do you know how to follow your employer's risk enablement procedures for managing risk and preventing abuse?
Did you know that you have just answered three questions about some of the skills you have in relation to working in ways that reduce the likelihood of abuse?
Behaviours: how can you show the personal qualities you have when working in ways that reduce the likelihood of abuse?
Do you know how to be respectful of individuals' choices and rights?
Do you know how to provide individuals with clear information about how they can promote their own personal safety by managing risks?
Do you know how to support individuals to be experts in their own care or support so that they can prevent abuse from happening?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of workers to reduce the likelihood of abuse happening?

LO6: Know how to recognise and report unsafe practices

Knowledge, skills, behaviours
Knowledge: why is recognising and reporting unsafe practices important?
Do you know what unsafe practices are and how they can affect individuals' well-being?
Do you know why it is important to take action when unsafe practices have been recognised?
Do you know why it is important to take action when nothing has been done in response to reported unsafe practices?
Did you know that you have just answered three questions about the importance of recognising and reporting unsafe practices?
Skills: how can you report unsafe practices?
Do you know the actions you must follow if you have identified unsafe practices?
Do you know the actions you must follow if you have reported unsafe practices and nothing has been done in response?
Do you know how to record your concerns in line with your employer's agreed ways of working?
Did you know that you have just answered three questions about some of the skills you have in relation to effective reporting of unsafe practices?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have when recognising and reporting unsafe practices?
Do you know how to challenge people you witness carrying out unsafe practices constructively?
Do you know how to communicate clearly when reporting your concerns?
Do you know how to record your concerns accurately?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of workers for responding to unsafe practices?

LO7: Understand principles for online safety

Knowledge, skills, behaviours
Knowledge: what are the principles for online safety?
Do you know why it is important to discuss the risks of using electronic communication devices with individuals?
Do you understand the potential risks of carrying out financial transactions online?
Do you know how to weigh up online safety against the benefits to individuals of using electronic systems and devices?
Did you know that you have just answered three questions about principles for online safety?
Skills: how can you reduce the risks of online activities to individuals?
Do you know how to prevent unauthorised people from accessing individuals' electronic communication devices?
Do you know how to support good practices for individuals using the internet and social networking sites?
Do you know how to inform individuals how they can carry out financial transactions safely online?
Did you know that you have just answered three questions about some of the skills you have in relation to promoting online safety when supporting individuals?
Behaviours: how can you show the personal qualities you have when promoting online safety?
Do you know how to provide information about online safety in a non-patronising way?
Do you know how to communicate clearly the risks of online activities to individuals?
Do you know how to encourage individuals' independence during online activities?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of workers when promoting online safety?

Unit 202 Responsibilities of a care worker

LO1: Understand working relationships in care settings

Knowledge, skills, behaviours
Knowledge: what is the difference between a working relationship and a personal relationship?
Do you know three key features of a working relationship? Can you provide some examples and describe what they involve?
Do you know three key features of a personal relationship? Can you provide some examples and describe what they involve?
Did you know that you have just answered two questions about how working relationships are different to personal relationships?
Skills: how can you show that you are developing effective working relationships?
Do you know how to communicate clearly with a colleague?
Do you know how to maintain a professional relationship with the individuals you care for?
Did you know that you have just answered two questions about good working relationships?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have in developing effective working relationships?
Do you know how to show that you are reliable and professional when working alongside your colleagues and the individuals you care for?
Do you know how to be honest with your manager about how the team is working?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected of all adult care workers when working with others in a care setting?

LO2: Be able to work in ways that are agreed with the employer

Knowledge, skills, behaviours
Knowledge: why is it important to adhere to the agreed scope of your job role?
Do you know the consequences of not carrying out the work activities you are responsible for?
Do you know why it is important to seek guidance if you do not feel able to carry out any aspect of your job role?
Did you know that you have just answered two questions about the importance of only working within the agreed scope of your job role?
Skills: how can you show that you are working in ways that are agreed with your employer?
Do you know how you can find out if you are accessing the most up-to-date details of your employer's agreed ways of working?
Do you know how to ensure your work practices follow your employer's agreed ways of working?
Do you know how to contribute to quality assurance processes so that the individuals you work with have a positive experience of care?
Did you know that you have just answered three questions about some of the skills you have in relation to working in line with your employer's agreed ways of working?
Behaviours: how can you show the personal qualities you have when working in ways agreed with your employer?
Do you know how to be confident and speak up if individuals are not having a positive experience of care?
Do you know how to show your commitment to consistently making sure that you are working in line with your employer's agreed ways of working and that you can promote a positive experience for individuals in care?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected of all adult care workers?

LO3: Be able to work in partnership with others

Knowledge, skills, behaviours
Knowledge: why is it important to work in partnership with others?
Do you know why partnership working is essential for teamwork?
Do you know why effective care to individuals cannot be achieved without partnership working?
Do you know the skills and approaches needed for resolving conflicts?
Did you know that you have just answered three questions about the importance of working in partnership with others?
Skills: how can you show that you have the necessary skills for improving partnership working, resolving conflicts and accessing support and advice?
Do you know how to demonstrate shared values and agreed goals that can help improve partnership working?
Do you know how to show effective skills and approaches for resolving conflicts?
Do you know who to go to for support and advice in the care setting where you work if asked to do a work task that you do not feel competent to carry out?
Did you know that you have just answered three questions about some of the skills you have in relation to working in partnership with others effectively?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have when partnership working and resolving conflicts?
Do you know how to behave with sensitivity if an individual wants you to care for them in a way that has not been agreed as per their care plan?
Do you know how to approach a colleague assertively if you witness them using unsafe practices?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected to be able to work in partnership with others and resolve conflicts at work?

Unit 301 Promote personal development in care settings

LO1: Understand what is required for competence in your work role

Knowledge, skills, behaviours
Knowledge: what does it mean to be competent in your role?
Do you know what the duties and responsibilities of your role are?
Do you know what standards affect your ability to carry out your job role?
Do you know why you must only carry out the duties and responsibilities that you are competent in?
Do you know how to work effectively with others and why this is important?
Did you know that you've just answered four questions about what being competent in your job role means?
Skills: how can you show that you're carrying out the duties and responsibilities of your job role?
Do you know how to follow the agreed ways of working for carrying out your work tasks?
Do you know what expectations there are about your work role?
Do you know how to work alongside others?
Did you know that you've just answered three questions about how you can demonstrate your competence at work?
Behaviours: how can you show the personal qualities you have when carrying out your job role?
Do you know how to carry out your duties and responsibilities consistently and in accordance with your job description?
Do you know how to show respect and support for views and expectations that are different to your own?
Do you know how to communicate effectively when working alongside team members, colleagues, individuals and their families, carers and advocates?
Did you know that you've just answered three questions about some of the essential behaviours that are expected of all competent Lead Adult Care Workers and Lead Personal Assistants?

LO2: Be able to reflect on practice

Knowledge, skills, behaviours
Knowledge: Do you know how to reflect on practice and why this is important?
Do you know what reflective practice is?
Do you know how reflective practice can improve the quality of service provided?
Do you know why it's important to be aware of your own and others' values, belief systems and experiences?
Did you know that you've just shown your knowledge of reflective practice and why it's important?
Skills: how can you show that you are able to reflect on your work practice?
Do you know how to reflect?
Do you know how to improve the quality of the service you provide?
Do you know how to ensure that your values, belief systems and experiences do not affect your working practice?
Do you know how to take into account others' values, belief systems and experiences that may affect your working practice?
Did you know that you've just demonstrated some of the skills required to be a reflective practitioner?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have when reflecting on your practice?
Do you know how to show that you're aware of how your behaviour impacts on your work practices?
Do you know how to reflect honestly on your work practice?
Do you know how to show that you're committed to improving your work practice and the quality of the service you provide?
Did you know that you've just demonstrated some of the essential behaviours required to be an effective reflector?

LO3: Be able to evaluate your performance

Knowledge, skills, behaviours
Knowledge: do you know how to evaluate your performance and why this is important?
Do you know what evaluating your knowledge and performance means?
Do you know why it's important to evaluate your performance against relevant standards?
Do you know why it's important to use others' feedback to evaluate your performance?
Did you know that you've just shown your knowledge of what evaluating your performance at work involves?
Skills: how can you show that you are able to evaluate your performance at work?
Do you know how to evaluate your performance against relevant standards?
Do you know how to obtain others' feedback about your performance?
Do you know how to use others' feedback to inform your development?
Did you know that you've just demonstrated some of the skills required to evaluate your performance?
Behaviours: how can you show the personal qualities you have when evaluating your performance?
Do you know how to take an objective view of your knowledge and performance?
Do you know how to respond constructively to all feedback you receive?
Do you know how to show that you're committed to improving your work practice and the quality of the service you provide?
Did you know that you've just demonstrated some of the essential behaviours required to be an effective evaluator?

LO4: Be able to agree a personal development plan

Knowledge, skills, behaviours
Knowledge: do you know how to agree a PDP and why is it important to work with others to agree this?
Do you know who you can work with to agree your PDP and the sources of support for planning and reviewing your own development?
Do you know why you have a PDP?
Did you know that you've just answered two questions about the importance of PDPs?
Skills: how can you show that you can work with others to review and prioritise your learning needs, professional interests and development opportunities and agree your PDP?
Do you know how to prepare yourself for agreeing your PDP and who to involve?
Do you know the process to follow for agreeing your PDP?
Do you know how to work with others effectively to review and prioritise your learning needs, professional interests and development opportunities?
Did you know that you've just answered three questions about how to work with others when agreeing your PDP?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have when working with others to agree your PDP?
Do you know how to listen effectively to others' views about your work practice?
Do you know how to take into account a range of others' views that may be different to your own when agreeing your PDP?
Do you know how to show that you are keen to improve your practice?
Did you know that you've just answered three questions about some of the essential behaviours that are expected of all Lead Adult Care Workers and Lead Personal Assistants when working with others to agree their PDP?

LO5: Be able to use learning opportunities and reflective practice to contribute to personal development

Knowledge, skills, behaviours
Knowledge: how can you use learning opportunities and reflective practice to contribute to your personal development?
Do you know why learning activities are important?
Do you know why it is important to reflect on your work practice?
Can you explain how reflective practice has led to improved ways of working?
Can you explain why CPD is important?
Did you know that you've just answered four questions about what continuous personal development involves?
Skills: how can you show that you're developing your practice?
Do you know how to evaluate learning activities you've experienced?
Do you know how to reflect on your practice to improve it?
Do you know how to record your progress in relation to your personal development?
Did you know that you've just answered three questions about some of the skills you have in relation to maintaining, reviewing and updating your CPD?
Behaviours: how can you show the personal qualities you have when maintaining your personal development?
Do you know how to respond positively to others' feedback?
Do you know how to be honest when reflecting on your work practice?
Do you know how to maintain confidentiality when recording your progress in relation to the development of your knowledge, skills and understanding?
Did you know that you've just answered three questions about some of the essential behaviours that are expected of all Lead Adult Care Workers and Lead Personal Assistants when developing their own knowledge, skills and understanding?

Unit 302 Promote health, safety and well-being in care settings

LO1: Understand your responsibilities, and the responsibilities of others, relating to health and safety

Knowledge, skills, behaviours
Knowledge: why is health and safety at work important and do you understand responsibilities around this?
Do you know the main points of your employer's policies and procedures when it comes to health and safety?
Do you know what your employers' and others' responsibilities are in relation to health and safety?
Do you know what health and safety tasks you must not carry out without special training?
Do you know how to comply with the Health and Safety at Work Act 1974?
Did you know that you have just shown your knowledge of the main legislation relating to general health and safety, and what your responsibilities are in relation to health and safety?
Skills: how can you show that you work in safe ways?
Do you know how to follow the moving and handling procedures in your work setting?
Do you know how to follow the fire safety procedures in your work setting?
Do you know how to follow the first aid procedures in your work setting?
Did you know that you have just shown your understanding of safe working practices in the adult social care sector?
Behaviours: how can you show the personal qualities you have for supporting health and safety in your work setting?
Do you know how to show that you care for individuals' and others' health and safety?
Do you know how to show that you are committed to working in safe ways?
Do you know how to be a good role model to others in relation to health and safety at work?
Did you know that you have just answered three questions about a few of the essential behaviours that are expected for supporting health and safety in care settings?

LO2: Be able to carry out your responsibilities for health and safety

Knowledge, skills, behaviours
Knowledge: do you know how to carry out your responsibilities for health and safety?
Do you know the policies and procedures for health and safety that you need to follow?
Do you know what the five stages of the risk assessment process are?
Do you know the consequences of not assessing health and safety risks in your work setting?
Do you know who to report to if you have identified a potential health and safety risk?
Do you know how to use risk assessment in line with your employer's policies and procedures?
Did you know that you have just shown your knowledge of the risk assessment process?
Skills: how can you show that you can carry out your health and safety responsibilities?
Do you know how to use and comply with your employer's agreed ways of working for health and safety?
Do you know how to support others to follow safe ways of working?
Do you know how to monitor risks you and others have identified and then minimise them?
Do you know how to use risk assessment in relation to health and safety?
Do you know how to minimise potential risks and hazards?
Do you know how to access additional support and information relating to health and safety?
Do you know what record to use for reporting a health and safety risk and how to complete it?
Did you know that you have just demonstrated some of the skills required for carrying out your own responsibilities for health and safety risks effectively?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have when carrying out your health and safety responsibilities?
Do you know how to show your sensitivity when an individual's rights conflict with your health and safety concerns?
Do you know how to be constructive when you've observed unsafe practices?
Do you know how to be thorough when monitoring health and safety risks?
Do you know how to communicate positively with your manager when reporting potential health and safety risks?
Did you know that you have just demonstrated a few of the essential behaviours required when using risk assessment for managing health and safety risks?

LO3: Understand procedures for responding to accidents and sudden illness

Knowledge, skills, behaviours
Knowledge: what types of accidents and sudden illnesses can occur in your work setting?
Do you know why some individuals with care or support needs may be more prone to accidents?
Do you know where you can access more information about the different types of sudden illnesses that may occur?
Do you know about the different procedures to follow if an accident or sudden illness should occur?
Did you know that you have just shown your knowledge of the different types of accidents and sudden illnesses you may have to respond to, and the procedures to follow?
Skills: how can you respond to accidents and sudden illnesses effectively?
Do you know what you can and cannot do if an individual has an accident?
Do you know how to report and record accidents and sudden illnesses?
Did you know that you have just demonstrated a few of the skills required for responding to accidents and sudden illnesses?
Behaviours: how can you show the personal qualities you have for responding to accidents and sudden illnesses?
Do you know how to remain calm when you come across an accident or sudden illness?
Do you know how to support others if they have witnessed an accident?
Do you know how to listen to a first aider at the scene of an accident?
Did you know that you have just demonstrated a few of the essential behaviours required to support casualties who have experienced accidents or sudden illnesses in your work setting?

LO4: Be able to reduce the spread of infection

Knowledge, skills, behaviours
Knowledge: what role do you have in the prevention and control of infection?
Do you know the causes of infections in care settings and how they can spread?
Do you know how to report and record infection hazards and risks?
Do you know the type of information your employer provides in relation to preventing and controlling the spread of infections in the care setting where you work?
Do you know your role in supporting others in reducing the spread of infection?
Did you know that you have just shown your knowledge of your role for reducing the spread of infection in care settings?

Knowledge, skills, behaviours
Skills: how can your practices reduce the spread of infection in the care setting where you work?
Do you know when and how to use PPE and how to dispose of used disposable gloves?
Do you know how to use the recommended method for hand washing after supporting an individual with their personal hygiene?
Do you know how to work in ways that do not pose a risk of infection to others?
Do you know how to ensure that your own health and hygiene do not pose a risk to an individual or to others at work?
Do you know how to support others to follow safe working practices in relation to infection prevention and control?
Did you know that you have just demonstrated some of the skills required for being able to prevent and reduce the spread of infections and supporting others to do the same?
Behaviours: how can you show the personal qualities you have for reducing the spread of infection in care settings?
Do you know how to sensitively tell a colleague about their strong body odour or sensitively critique their personal hygiene?
Do you know how to explain in a kind manner to an individual the reasons why you must wear PPE when assisting them with their care?
Did you know that you have just demonstrated a few of the essential behaviours required when reducing the spread of infections?

LO5: Be able to move and handle equipment and other objects safely

Knowledge, skills, behaviours
Knowledge: what legal requirements are in place for moving and handling?
Do you know what your employer's responsibility is in relation to moving and handling activities in your work setting?
Do you know what the principles are for moving and handling?
Do you know how moving and handling equipment is maintained in a safe condition?
Do you know why it is important that lifting equipment should only be used for its intended use?
Did you know that you have just shown your knowledge of the three main pieces of moving and handling legislation; the Manual Handling Operations Regulations 1992 (amended 2002), the Provision and Use of Work Equipment Regulations (1999) and the Lifting Operations and Lifting Equipment Regulations (1998)?
Skills: how can you show best practice in moving and handling equipment and objects?
Do you know how to plan all moving and handling activities?
Do you know how to position yourself when lifting an object and moving it from one position to another?
Do you know how safe practices can reduce the risk of accidents and injuries?
Did you know that you have just demonstrated some of the skills required for safe moving and handling of equipment and objects?
Behaviours: how can you show the personal qualities you have for moving and handling equipment and objects?
Do you know how to use good communication with an individual during a move?
Do you know how to pay careful attention to your body movements and posture when moving an object?
Do you know how to be supportive to others who have demonstrated unsafe practices when moving and handling?
Did you know that you have just demonstrated a few of the essential behaviours required for the safe use of moving and handling equipment and objects?

LO6: Be able to handle hazardous substances and materials

Knowledge, skills, behaviours
Knowledge: what are hazardous substances and materials?
Do you know why and how hazardous substances are classified?
Do you know the dangers posed by hazardous substances and materials and why?
Do you know what the safe practices for storing and using hazardous substances are and why these are in place?
Do you know what the safe practices for disposing of hazardous substances and materials are and why?
Did you know that you have just shown your knowledge of the COSHH Regulations 2002?
Skills: do you know how to handle hazardous substances and materials?
Do you know how to store, use and dispose of hazardous substances and materials safely and why?
Do you know the checks to carry out when storing hazardous substances and the reasons why?
Do you know how to prepare yourself when using hazardous materials including the PPE to use and why?
Do you know how to dispose of used dressings safely and why?
Did you know that you have just demonstrated some of the skills required for the safe handling of hazardous substances and materials?
Behaviours: how can you show the personal qualities you have for the safe handling of hazardous substances and materials?
Do you know how to thoroughly read the manufacturers' instructions for hazardous materials?
Do you know how to show your competence when disposing of clinical waste?
Did you know that you have just demonstrated a few of the essential behaviours required for the safe storage, use and disposal of hazardous substances and materials?

LO7: Be able to promote fire safety in the work setting

Knowledge, skills, behaviours
Knowledge: what does fire safety involve?
Do you know the causes of fires and what you can do to stop them starting and spreading?
Do you know the emergency procedures to follow in the event of a fire in the work setting?
Do you know why it is important to ensure that fire evacuation routes are clearly signposted?
Did you know that you have just shown your knowledge of fire safety at work?
Skills: how can you show what to do in the event of a fire in your work setting?
Do you know what measures to take to prevent fires from starting?
Do you know the first action to take when you have discovered a fire in your work setting?
Do you know what your role is in your work setting in the event of a fire?
Do you know how to ensure clear evacuation routes are maintained at all times?
Did you know that you have just demonstrated a few of the skills required for following your work setting's fire emergency procedures?
Behaviours: how can you show the personal qualities you have for fire safety?
Do you know how to keep calm when others around you are panicking?
Do you know how to be supportive towards others in the event of a fire?
Did you know that you have just demonstrated a few of the essential behaviours required for promoting fire safety at work?

LO8: Be able to implement security measures in the work setting

Knowledge, skills, behaviours
Knowledge: how can you maintain your own security at work?
Do you know your setting's policies and procedures about checking the identity of visitors?
Do you know why it is important to ensure that others are aware of your whereabouts?
Do you know what your work setting's procedures say about maintaining your personal safety at work and that of others?
Did you know that you have just shown your knowledge of your work setting's agreed ways of working for maintaining your own security?
Skills: how can you show that you put security measures into practice in your work setting?
Do you know how to check the identity of someone who requests personal information about an individual over the telephone and then arrives at the premises requesting to meet with the individual?
Do you know what identity checks you can carry out if someone arrives at your work setting who you do not know?
Do you know how to ensure that others are aware of your whereabouts at work at all times?
Did you know that you have just demonstrated a few of the skills required for following your work setting's security measures?
Behaviours: how can you show the personal qualities you have in implementing security measures at work?
Do you know how to be assertive if a person you do not recognise wishes to enter your work setting?
Do you know how to be confident when explaining to a person requesting personal information about an individual that you are unable to disclose this?
Did you know that you have just demonstrated a few of the essential behaviours required for implementing security measures at work?

LO9: Know how to manage stress

Knowledge, skills, behaviours
Knowledge: how do you know if you and others are stressed?
Do you know two physical signs and two behavioural signs of being stressed?
Do you know two common triggers of stress for you and two common triggers of stress for others and why they trigger stress?
Do you know the different ways you can manage stress and how to access sources of support both within and outside of the setting where you work?
Did you know that you have just shown your knowledge of identifying signs of stress and the factors that may trigger it, and also the ways to manage stress?
Skills: how can you show that you can access support for your stress?
Do you know what support systems are available in your work setting and how you can access them?
Do you know what to do if you notice one of your colleagues is showing signs of stress?
Did you know that you have just demonstrated a few of the skills required for managing stress?
Behaviours: how can you show the personal qualities you have for managing stress?
Do you know how to remain calm in a stressful situation?
Do you know how to relax after a stressful day?
Did you know that you have just demonstrated a few of the essential behaviours required for managing stress effectively?

Unit 303 Promote communication in care settings

LO1: Understand why effective communication is important in the work setting

Knowledge, skills, behaviours
Knowledge: Why is effective communication important in the work setting?
Do you know the reasons why people communicate in the care setting where you work?
Do you know how communication affects working relationships in the care setting where you work?
Do you know the different ways to manage challenging situations that may arise in the care setting where you work?
Did you know that you have just answered three questions about the importance of effective communication in the work setting?
Skills: How can you show effective communication?
Do you know how to identify what different people may be communicating?
Do you know how to use effective communication to positively affect working relationships?
Do you know how to use three different ways for managing challenging situations?
Did you know that you have just answered three questions about a few of the skills you need when promoting effective communication and managing challenging situations?
Behaviours: How can you show the personal qualities you need when promoting effective communication?
Do you know how to find out what an individual is trying to communicate through their behaviour?
Do you know how to be patient and respectful when communicating with an individual's family when there is a difference of opinion between you and them?
Do you know how to remain calm when an individual displays behaviours that challenge towards you?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of workers when promoting effective communication and managing challenging situations in the work setting?

LO2: Be able to meet the communication and language needs, wishes and preferences of individuals

Knowledge, skills, behaviours
Knowledge: What factors must you consider when promoting effective communication?
Do you know why it is important to meet individuals' communication and language needs, wishes and preferences?
Do you know what factors you should consider when promoting effective communication?
Do you know how an individual's condition may affect how they communicate with you?
Do you know how the language you use can affect communication in a care setting?
Did you know that you have just answered four questions about the factors to consider when promoting effective communication in the work setting?
Skills: How can you demonstrate that you can meet an individual's needs when communicating?
Can you demonstrate two methods to establish individuals' communication and language needs, wishes and preferences in order to maximise the quality of the interaction?
Do you know how to use non-verbal and verbal communication methods to meet an individual's needs?
Do you know how to use positive communication styles to meet an individual's needs?
Do you know how to respond professionally if an individual reacts negatively to your communication?
Did you know that you have just answered four questions about some of the skills you need in relation to promoting effective communications and interactions that meet individuals' diverse needs?

Knowledge, skills, behaviours
Behaviours: How can you show the personal qualities to meet individuals' needs during communications and interactions?
Do you know how to include individuals and others when establishing individuals' needs?
Do you know how to be flexible and adapt your approach when communicating with individuals with different needs?
Do you know how to be aware of your own body language when communicating with individuals?
Do you know how to respond professionally when an individual is reacting to your communication in a negative way?
Did you know that you have just answered four questions about some of the essential behaviours that are expected of workers when meeting individuals' communication and language needs, wishes and preferences?

LO3: Be able to overcome barriers to communication

Knowledge, skills, behaviours
Knowledge: What barriers can prevent effective communication from taking place?
Do you know why people's backgrounds can impact on effective communication?
Do you know how individuals' conditions may prevent them from communicating effectively?
Do you know how the environment may act as a barrier to effective communication?
Do you know how to use communication skills to manage complex, sensitive, abusive or challenging situations and behaviours?
Do you know what additional support and services are available to enable individuals to communicate effectively and how you can access these?
Do you know the meaning of independent advocacy and why it is important for communication?
Do you know what your care setting's procedures say about when to involve an advocate and the process you must follow?
Did you know that you have just demonstrated your knowledge of some of the barriers that may hinder effective communication?
Skills: How can you demonstrate that you can overcome barriers to effective communication?
Do you know how to adapt your communication if an individual does not understand the language you are using to communicate with them?
Do you know how to demonstrate three ways of overcoming environmental barriers to effective communication?
Do you know how to demonstrate three ways of clarifying misunderstandings that may arise during communications?
Do you know how to use effective communication skills when managing complex, sensitive, abusive or challenging situations and behaviours?
Do you know how to access speech and language therapy services to enable an individual to communicate effectively?
Do you know how to access advocacy services to enable an individual to communicate effectively?
Did you know that you have just demonstrated some of the skills you need in relation to supporting individuals to overcome barriers to communication?

Knowledge, skills, behaviours
Behaviours: How can you show the personal qualities you have when overcoming barriers to effective communication?
Do you know how to be respectful of an individual's background when communicating?
Do you know how to be supportive of individuals who are experiencing barriers to communication?
Do you know how to communicate clearly and professionally when clarifying misunderstandings in communication?
Do you know how to be patient and show empathy when managing complex and sensitive situations and behaviours?
Do you know how to be calm and non-confrontational when managing abusive and challenging situations and behaviours?
Do you know how to work in partnership with independent advocates?
Did you know that you have just answered six questions about some of the essential behaviours that are expected of workers when overcoming barriers to effective communication?

LO4: Be able to apply principles and practices relating to confidentiality

Knowledge, skills, behaviours
Knowledge: What is the meaning of confidentiality?
Do you know what confidentiality means in the context of your job role?
Do you know why confidentiality is important?
Do you know when you can breach confidentiality?
Do you know what potential tension can arise between maintaining an individual's confidentiality and disclosing concerns?
Do you know what your care setting's procedures say about how you and your colleagues can maintain and promote confidentiality in day-to-day communication?
Did you know that you have just demonstrated your knowledge of what confidentiality means and why it is important?
Skills: How can you demonstrate that you maintain and promote confidentiality in day-to-day communication?
Do you know how to maintain the confidentiality of reports that you write?
Do you know how to maintain an individual's privacy when discussing something of a sensitive nature with them?
Do you know how to share information while maintaining its confidentiality?
Do you know how to explain to an individual that you must disclose the confidential information they have shared with you?
Did you know that you have just demonstrated some of the skills you have in relation to maintaining and promoting confidentiality in the care setting where you work?
Behaviours: How can you show the personal qualities you have when maintaining and promoting confidentiality?
Do you know how to show respect for an individual's personal information?
Do you know how to report information shared with you to others in confidence?
Do you know how to show empathy for an individual who does not want you to share the information they have disclosed?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of workers when maintaining and promoting confidentiality?

Unit 304 Promote effective handling of information in care settings

LO1: Understand requirements for handling of information in care settings

Knowledge, skills, behaviours
Knowledge: what are the legal requirements for handling information in care settings?
Do you know why there are legislation and codes of practice in place for the handling of information in care settings?
Do you know the principles that underpin the Data Protection Act 1998 and the General Data Protection Act 2018?
Do you know two codes of practice that are relevant for handling information in care settings?
Did you know that you have just answered three questions about the legal requirements that are in place for handling information in care settings?
Skills: how can you show that you're complying with the requirements of legislation and codes of practice for handling information?
Do you know how to support an individual if they request access to their health records?
Do you know how to share personal information about an individual while maintaining its confidentiality?
Do you know how to complete written records that are authentic and reliable?
Do you know how to keep individuals' personal information secure?
Did you know that you have just answered four questions about some of the skills you need when handling individuals' personal information?
Behaviours: how can you show the personal qualities you have when handling information?
Do you know how to treat individuals' personal information with respect when discussing this with a colleague?
Do you know how to respect individuals' confidentiality when completing written records?
Did you know that you have just answered two questions about a few of the essential behaviours that are expected of all adult care workers?

LO2: Be able to implement good practice in handling information

Knowledge, skills, behaviours
Knowledge: why is good practice in handling information important?
Do you know about the features that ensure manual and electronic information systems are secure?
Do you know your legal and organisational responsibilities in relation to maintaining information confidentiality?
Do you know why it is important to maintain individuals' information secure when storing it and accessing it?
Do you know how to ensure the records you maintain are legal?
Do you know how to ensure that your practices for handling information reflect your job role responsibilities?
Did you know that you have just answered five questions about the importance of handling information correctly?
Skills: how can you show that you can implement good practice in handling information?
Do you know how to use security features when completing a record on a computer?
Do you know how to access individuals' personal information safely?
Do you know what to do to ensure your records are up to date, complete, accurate and legible?
Do you know how to ensure that your records promote individuals' well-being?
Did you know that you have just answered four questions about some of the skills you need for implementing good practice in handling information?

Knowledge, skills, behaviours
Behaviours: how can you show the personal qualities you have when handling information?
Do you know how to hand-write records professionally?
Do you know how to be diligent when storing individuals' personal information?
Do you know how to be concise when completing records?
Do you know how to be supportive of audit processes for the handling of information in the care setting where you work?
Did you know that you have just answered four questions about some of the essential behaviours that are expected of all adult care workers?

LO3: Be able to support others to handle information

Knowledge, skills, behaviours
Knowledge: why is it important to be support others to handle information?
Do you know why it is important that your team members understand how to keep individuals' information secure?
Do you know why it is important that individuals understand the records that contain information about them?
Do you know why it is important that you support others to contribute to records?
Did you know that you have just answered three questions about the importance of supporting others to handle information?
Skills: how can you show that you're able to support others to handle information?
Do you know how to explain to an individual with care or support needs why people's personal information must be kept secure?
Do you know how to support an individual's carer when they do not understand the purpose of keeping a record?
Do you know how to support an individual to contribute to their records?
Did you know that you have just answered three questions about some of the skills you need for supporting others to handle information?
Behaviours: how can you show the personal qualities you have when supporting others to handle information?
Do you know how to explain patiently to an individual who does not understand why it is important that all their personal information is stored securely?
Do you know how to communicate effectively and kindly when supporting a colleague to understand how to complete the information required in a report?
Do you know how to encourage others to take the lead when contributing to their records?
Did you know that you have just answered three questions about some of the essential behaviours that are expected when supporting others to handle information?

Unit 305 Duty of care in care settings

LO1: Understand how duty of care contributes to safe practice

Knowledge, skills, behaviours
Knowledge: how does duty of care contribute to safe practice?
Do you know the meaning of having a duty of care in your work role?
Can you explain how duty of care relates to duty of candour?
Can you explain how duty of care contributes to the safeguarding or protection of individuals?
Did you know that you have just answered three questions about how duty of care and duty of candour contribute to safe practice?

Knowledge, skills, behaviours
Skills: how can you show your duty of care and your duty of candour in the care setting where you work and how these contribute to safe practice?
Do you know how to uphold individuals' rights to information, privacy, dignity and respect?
Do you know how to protect individuals from danger, harm, abuse and neglect?
Do you know how to promote individuals' health and well-being?
Did you know that you have just answered three questions about how duty of care and duty of candour affects your work role and how they contribute to safe practice?
Behaviours: how can you show the personal qualities you have in your duty of care and duty of candour?
Do you know how to be supportive in ensuring individuals make their own decisions?
Do you know how to be open and honest with individuals and their families when you've made a mistake?
Do you know how to reflect and learn from mistakes made in relation to the care or support of individuals?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of all lead adult workers when exercising their duty of care and duty of candour?

LO2: Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care

Knowledge, skills, behaviours
Knowledge: why do conflicts and dilemmas arise between duty of care and rights, how to address these and the importance of addressing these?
Can you describe conflicts or dilemmas that may arise between the duty of care and an individual's rights?
Do you know the reasons why duty of care may conflict with an individual's rights and the dilemmas that may arise?
Can you describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care?
Do you know why the risk assessment process can help with managing the risks associated with conflicts or dilemmas?
Do you know where to get additional support and advice about resolving conflicts and dilemmas and why this is important?
Did you know that you have just answered five questions about the conflicts or dilemmas that may arise in care and the reasons why it is important that you try to resolve these?
Skills: how can you show that you understand how to address conflicts or dilemmas?
Do you know how to ensure your work practices comply with fulfilling your duty of care and supporting individuals' rights?
Do you know how you can support individuals to manage risks so that they can still do what they want to?
Do you know how to access additional support and advice about how to resolve conflicts or dilemmas?
Did you know that you have just answered three questions about some of the skills you have in relation to addressing conflicts or dilemmas that may arise between an individual's rights and the duty of care?
Behaviours: how can you show the personal qualities you have when addressing conflicts dilemmas?
Do you know how to be understanding and patient when your duty of care conflicts with an individual's rights?
Do you know how to be supportive towards individuals when you are explaining to them about positive risk taking?
Do you know how to be assertive when asking for support and advice on how to resolve conflicts or dilemmas?
Did you know that you have just answered three questions about some of the essential behaviours that are expected for addressing conflicts or dilemmas that may arise between an individual's rights and the duty of care?

LO3: Know how to respond to complaints

Knowledge, skills, behaviours
Knowledge: do you know how to respond to complaints and why is it important to do so?
Can you describe how to respond to complaints, and the policies and procedures to follow?
Do you know why all complaints must be responded to promptly?
Do you know the consequences of not responding to informal complaints?
Do you know the consequences of not responding to formal complaints?
Did you know that you have just answered four questions about how to respond to complaints and the importance of doing so?
Skills: how can you show that you can follow policies and procedures for the handling of complaints?
Do you know how to listen attentively to a complainant?
Do you know how to record all complaints received accurately and fully?
Do you understand your employer's agreed ways of working for handling complaints and the associated timescales for each step of the process?
Did you know that you have just answered three questions about some of the skills you need in relation to handling complaints?
Behaviours: how can you show the personal qualities you have when responding to and handling complaints?
Do you know how to be polite towards a complainant?
Do you know how to remain focused and calm when handling a complaint?
Do you know how to respond to all complaints received professionally?
Did you know that you have just answered three questions about some of the essential behaviours that are expected to be able to respond and handle complaints in your care setting?

Unit 306 Promote equality and inclusion in care settings

LO1: Understand the importance of diversity, equality and inclusion

Knowledge, skills, behaviours
Knowledge: why are diversity, equality and inclusion important in care settings?
Do you know the meanings of diversity, equality and inclusion and how they are inter-related?
Do you know how discrimination affects individuals and individuals' families or friends?
How does inclusive practice promote equality and support diversity?
Did you know that you have just shown your knowledge of the importance of supporting diversity, equality and inclusion?
Skills: how can you show inclusive practice in your day-to-day work?
Do you know how to prevent discrimination from occurring?
Do you know how to use inclusive practice to promote equality and support diversity?
Did you know that you have just answered two questions about how your practices can promote equality, inclusion and support diversity?
Behaviours: how can you show the personal qualities you have for promoting equality, inclusion and supporting diversity?
Do you know how to show that you respect individuals' differences?
Do you know how to treat people fairly?
Do you know how to show your consideration when someone has been discriminated against?
Did you know that you have just answered three questions about some of the essential behaviours that are expected for promoting equality, inclusion and supporting diversity?

LO2: Be able to work in an inclusive way

Knowledge, skills, behaviours
Knowledge: why is working in an inclusive way important in care settings?
Do you know the positive effects of working in an inclusive way?
Do you know about the legislation, policies and codes of practice relating to equality, diversity and discrimination?
Do you know how relevant legislation, policies and codes of practice apply to your job role?
Did you know that you have just shown your knowledge of the importance of working in an inclusive way?
Skills: how can you show that you work in an inclusive way?
Do you know how to prevent discrimination from occurring?
Do you know how to show respect for individuals' beliefs and cultures?
Do you know how to show respect for individuals' values and preferences?
Did you know that you have just answered three questions about working in an inclusive way?
Behaviours: how can you show the personal qualities you have for working in an inclusive way?
Do you know how to show that you respect individuals' differences?
Do you know how to treat individuals as unique people?
Do you know how to work fairly with individuals?
Did you know that you have just answered three questions about some of the essential behaviours that are expected for working in an inclusive way?

LO3: Be able to promote diversity, equality and inclusion

Knowledge, skills, behaviours
Knowledge: do you know how to promote diversity, equality and inclusion?
Do you know what your agreed ways of working say about promoting diversity, equality and inclusion?
Do you know how to work in inclusive ways?
Do you know how to challenge discrimination in a way that promotes change?
Did you know that you have just shown your knowledge of how to promote diversity, equality and inclusion?
Skills: how can you show that you are able to model inclusive practice and support others?
Do you know how to communicate with individuals and others in relation to their values?
Do you know how to interact with individuals and others to show that you respect their beliefs?
Do you know how to support others to promote equality and rights?
Did you know that you have just demonstrated a few of the skills required for modelling inclusive practice?
Behaviours: how can you show the personal qualities you have for promoting diversity, equality and inclusion?
Do you know how to empower others to promote equality and rights?
Do you know how to be assertive when challenging discrimination?
Do you know how to challenge discrimination using positive behaviours?
Did you know that you have just demonstrated some of the essential behaviours required when promoting diversity, equality and inclusion?

Unit 307 Promote person-centred approaches in care settings

LO1: Understand how to promote the application of person-centred approaches in care settings

Knowledge, skills, behaviours
Knowledge: why is it important to apply person-centred approaches in care settings?
Do you know the meaning of person-centred values, and how and why person-centred values must influence all aspects of your work?
How can an individual's care plan contribute to working in person-centred ways?
Do you know why feedback from others is part of a person-centred approach?
Did you know that you have just shown your understanding of what using person-centred approaches involve and how you can promote their application?
Skills: how can you show that you're working in a person-centred way?
Do you know how to develop an individual's care plan?
Do you know how to promote an individuals' rights and values when putting a care plan together?
Do you know how to use feedback from others to improve the delivery of person-centred care?
Did you know that you have just answered three questions about how you can promote the application of person-centred approaches?
Behaviours: how can you show the personal qualities you have for using person-centred approaches and supporting the delivery of person-centred care?
Do you know how to show that you genuinely care about the difference you can make to an individual's life?
Do you know how to show your commitment for supporting individuals to live how they want to?
Do you know how to be a role model to others for using person-centred approaches?
Did you know that you have just answered three questions about some of the essential behaviours that are expected for promoting person-centred approaches?

LO2: Be able to work in a person-centred way

Knowledge, skills, behaviours
Knowledge: what is person-centred working?
Do you know what person-centred working means?
Do you know why person-centred ways of working are important for handling complex or sensitive situations?
Do you know why individuals' needs or preferences may change?
Did you know that you have just shown your knowledge of the key aspects of working in a person-centred way?
Skills: how can you show that you are able to work in a person-centred way?
Do you know how to find out about an individual's history, preferences, wishes and needs?
Do you know how to put person-centred values into practice in different situations?
Do you know how to adapt your actions and approaches when an individual's needs or preferences change?
Did you know that you have just demonstrated some of the skills required for working in a person-centred way?
Behaviours: how can you show the personal qualities you have for working in a person-centred way in your day-to-day working practices?
Do you know how to respect and treat an individual with kindness?
Do you know how to promote an individual's choices and independence?
Do you know how to be flexible?
Did you know that you have just demonstrated some of the essential behaviours required when working in person-centred ways in care settings?

LO3: Be able to establish consent when providing care or support

Knowledge, skills, behaviours
Knowledge: why is establishing consent important when providing care or support?
Do you know what consent means?
Do you know about the factors that may influence an individual's capacity to consent?
Do you know the steps to take if consent cannot be established?
Do you know the consequences of not establishing consent?
Did you know that you have just shown your knowledge of why establishing consent when providing care or support is a legal requirement, and so important?
Skills: how can you show that you are able to establish consent with an individual?
Do you know how to choose the methods that best match the individual's needs and preferences to establish consent?
Do you know what to do when you cannot establish consent with an individual?
Did you know that you have just demonstrated some of the skills required to be a competent Lead Adult Care Worker or Lead Personal Assistant?
Behaviours: how can you show the personal qualities you have when you're establishing consent when providing care or support?
Do you know how to respect an individual's decisions about their care or support?
Do you know how to show that you're able to listen to an individual's views about their care or support?
Did you know that you have just demonstrated some of the essential behaviours required to provide high quality care and support?

LO4: Be able to implement and promote active participation

Knowledge, skills, behaviours
Knowledge: what is active participation?
Do you know what it means when an individual is an active participant in their own care or support?
Do you know why active participation is important?
Do you know how to work with others to agree how active participation will be implemented?
Do you know the reasons why some people may find active participation difficult?
Did you know that you have just answered four questions about the meaning and benefits of active participation?
Skills: how can you show that you can implement and promote active participation?
Do you know how to apply active participation to meet the individual's needs?
Do you know the ways to reduce barriers to active participation and address an individual's holistic needs?
Do you know how to work in partnership with others to apply active participation?
Do you know how active participation can address the holistic needs of an individual?
Do you know how to promote understanding and use of active participation?
Did you know that you have just answered five questions about some of the skills you need when promoting and applying active participation?
Behaviours: how can you show the personal qualities you have when promoting and implementing active participation?
Do you know how to be respectful of individuals' personal decisions and choices?
Do you know how to show that you are able to be patient when encouraging an individual to be actively involved?
Do you know how to work positively with individuals and others?
Do you know how to communicate clearly and sensitively when promoting active participation?
Did you know that you have just answered four questions about some of the essential behaviours that are expected of all Lead Adult Care Workers and Lead Personal Assistants when promoting and implementing active participation?

LO5: Be able to support the individual's right to make choices

Knowledge, skills, behaviours
Knowledge: why is it important to support individuals to make their own choices?
Do you know what making an informed choice means?
Do you know why it is important to use your own role and authority to support individuals' rights to make choices?
Can you describe how to support an individual to question or challenge decisions concerning them that are made by others?
Did you know that you have just answered three questions about individuals' rights?
Skills: how can you show that you're supporting an individual's right to make choices?
Do you know how to support an individual to make informed choices?
Do you know how to maintain an individual's right to make choices while managing risks?
Do you know how to not let your personal views influence an individual's choices??
Did you know that you have just answered three questions about some of the skills you need in relation to supporting individuals' right to make choices?
Behaviours: how can you show the personal qualities you have when supporting individuals' right to make choices?
Do you know how to build individuals' confidence when supporting individuals to challenge decisions made about them?
Do you know how to show your kindness and respect when supporting individuals to consider decisions made about them?
Did you know that you have just answered two questions about some of the essential behaviours that are expected of all Lead Adult Care Workers and Lead Personal Assistants when supporting individuals' rights to make choices?

LO6: Be able to promote individuals' well-being

Knowledge, skills, behaviours
Knowledge: what is well-being?
Do you know the meaning of identity, self-image and self-esteem?
Do you know the links between identity, self-image and self-esteem?
Do you know the factors that contribute to individuals' well-being?
Did you know that you have just answered three questions about well-being?
Skills: how can you promote an individual's well-being?
Do you know how to support individuals to promote their identity, self-image and self-esteem?
Do you know how to adapt the environment to promote well-being?
Do you know how to recognise and respond to changes in individuals?
Did you know that you have just answered three questions about some of the skills you need in relation to supporting an individual's well-being?
Behaviours: how can you show the personal qualities you have when promoting an individual's well-being?
Do you know the attitudes that promote individuals' well-being?
Do you know the approaches that promote individuals' well-being?
Do you know how to be sensitive about individuals' needs?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of all adult care workers when supporting individuals' well-being?

LO7: Understand the role of risk-assessment in enabling a person-centred approach

Knowledge, skills, behaviours
Knowledge: do you understand the role of risk-assessment in enabling a person-centred approach?
Do you know how risk assessments can be used in care settings? Can you compare the different uses?
Can you explain how risk taking and risk assessment relates to rights and responsibilities? Do you know how risk assessments relate to person-centred working?
Do you why risk assessments must be reviewed regularly?
Did you know that you've just answered three questions about the role of risk assessment in using a person-centred approach?
Skills: how can you use risk assessment to enable a person-centred approach?
How can taking risks promote individuals' choices and potential?
How can you balance individuals' rights and responsibilities when supporting them with the activities they want to do?
Do you know how to revise risk assessments on a regular basis?
Did you know that you have shown your understanding of some of the skills needed when using risk assessment to enable a person-centred approach?
Behaviours: how can you show the personal qualities you have when using risk assessment to enable a person-centred approach?
Do you know how to support and encourage individuals to take risks in a positive way?
Do you know how to enable individuals to consider all their options when taking risks?
Do you know how to be patient and understanding when supporting individuals to take risks?
Did you know that you have just answered three questions about some of the essential behaviours that are expected of adult care workers when using risk assessment to enable a person-centred approach?

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